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1983 COTH SURVEY OF HOUSESTAFF STIPENDS, BENEFITS, AND FUNDING

January, 1984

Department of Teaching Hospitals
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Introduction

This publication contains the results of the Association of American Medical Colleges' (AAMC) Annual Survey of Housestaff Stipends, Benefits, and Funding. This survey has been performed annually by the Department of Teaching Hospitals since 1969. We are again pleased to provide information on average stipends paid to residents during the current year, as well as comparisons to previous year's stipends, benefits, and sources of funding. In addition, this years' publication contains a synopsis of the responses to questions on moonlighting policy and cost consciousness raising efforts undertaken by the hospital. The responses to these latter two questions may be of particular interest since data on these policies are not widely available elsewhere.

The questionnaire, shown in Appendix A, was sent to all 435 members of the Council of Teaching Hospitals. Complete or partial responses were received from 315 hospitals (74.0 percent). The distribution of responses according to the characteristics of the institutions involved is displayed in Appendix B. Since more than 70 percent of all residents in United States are educated in COTH member institutions, the figures presented here are assumed to be representative of residency programs in general.

Appendices E and F contain data not reported in previous surveys of Housestaff Stipends, Benefits, and Funding. Appendix E displays the median ratios of residents to beds and of all post-graduate trainees to beds in COTH member institutions. These data may be of interest since the calculation of the indirect medical education adjustment, which is part of the new Medicare Prospective Payment System, is based on this ratio for each hospital. Appendix F contains data on minority residents. These data reveal slightly greater concentrations of minority residents in Western, municipally-owned, and hospitals with fewer than 385 beds.

The entire staff of Department of Teaching Hospitals and some of the staff of the AAMC's Computer Services Division contributed to the completion of this study. I gratefully acknowledge the hard work of Andrea McCusker who entered the data and produced many of the tables contained in this report. I also wish to acknowledge the contribution of Janie Bigelow who typed this report and many of the tables. Gary Gaines and Lori Adams of the AAMC's Computer Services Division were instrumental in performing the analysis and producing this report. Finally, my colleagues in the Department of Teaching Hospitals, Dick Knapp, Jim Bentley, and Joe Isaacs, are responsible for greatly improving the clarity and accuracy of this document. The support of these people and of the participating hospitals is greatly appreciated.

Nancy E. Seline
Department of Teaching Hospitals

CHAPTER I

HOUSESTAFF STIPENDS

NATIONWIDE DATA (Tables 1-4)

The national mean stipend for the 1983-84 residency year for first year residents is $19,868. This is an increase of 4.8 percent over last year's first year housestaff stipend. In actual dollars, the first year mean resident's stipend increased by $907. For the second through sixth year residents, mean stipend levels increased by similar percentages (see Tables 1 and 2). This percentage increase is significantly less than that of the previous three years. In 1982-83, the increases were approximately 7 percent for the first through fifth year and 6.7 percent for the sixth year stipend; in 1981-82, the increases were 8.0 percent or more for each of the six years and in 1980-81 the increases were approximately 7.8 percent. Appendix C shows the increase for the first post-MD year's mean stipends throughout the years during which this survey has been administered.

An "index value" is computed for each post-MD year mean stipend. This index value compares the stipend levels of the second through sixth year residents to that of the first year resident. This data is shown in Table 3. These index values have remained virtually unchanged since the 1971-72 survey.

Table 4 shows the increases received by a cohort of residents as they passed, for example, from the first year of residency in 82-83 to the second year of residency in 83-84. The mean stipend for residents entering the first year of a program in 1982-83 was $18,961. In the second residency year, this resident will receive $21,231 or an increase, on average, of $2,270. This is a 12.0 percent greater level of payment.

To place these mean stipend levels in some sort of perspective, it should be noted that in AAMC's Annual Survey of Medical School Graduates, 86.4 percent of the 1983 graduates reported having some debt upon graduation from medical school and the average debt of those who did have an obligation was reported as $23,647; thus, the average first year resident in 83-84 who is indebted upon graduation owes 119 percent of what he might expect to earn during that first year of residency.

REGIONAL VARIATIONS (Tables 5-10)

Housestaff stipends are reported for each of four regions: Northeast, South, Midwest, and West (Tables 5-10). The composition of these regions is shown in Appendix G. As it has in the past years of this survey, the Southern region has the lowest stipend level while the Northeast pays the largest stipends. Figure 1 shows a comparison of the median stipends paid to first post-MD year residents in the four regions over the past five years.

Table 5 shows a comparison of the stipend levels for each year in each of the four regions to the national median stipend. It is interesting to note that while the stipend levels in the Western region in the first year are below that of the national median stipend, by the third post-MD year, the Western region stipends are in excess of the national median stipend levels. In contrast, the median stipend in the Southern region starts at 7.7 percent below the national median, and in each successive post-MD year, the difference between the Southern median and the national median stipend increases.

From Table 10 it can be seen that the Western region residents will receive the smallest increase in stipend levels, as they did in the previous year's survey. Western region residents will receive an average increase of only 2.9 percent in their stipends, while in the Northeast, the resident stipends will increase an average of 5.4 percent. Two years ago, residents in the Western region received the largest increase in stipends (9.5 percent) while those in the Northeast receive the smallest increase (7.7 percent).

AFFILIATION RELATIONSHIPS (Tables 11-15)

The data are also arrayed by dividing the hospitals into three groups based on their affiliation relationships to a medical school. The three groups are: university-owned, major affiliate, and limited affiliate. Criteria for these divisions are a modified version of those used for the Accreditation Council for Graduate Medical Education's Directory of Residency Training Programs. The ACGME uses the four categories of major, limited, graduate, and unaffiliated. This survey segregates the university-owned from the rest of the major category and merges the last three categories under the single heading of "limited."

These data reveal an inverse relationship between the closeness of the affiliation and the level of stipend received; that is, the more intense the relationship, the lower the stipend level. For example, the mean stipend for the first year resident in a limited affiliate is 5.7 percent greater than that in a university-owned hospital. Figure 2 shows that this relationship has been consistent for the past several years.

In analyzing this data, it should be noted that the relationships found here may be more indicative of other characteristics of the hospitals than their affiliation arrangements. For instance, a large proportion (31 out of 46) of the university-owned respondents are in fact state-owned hospitals. As will be shown in the subsequent section, the state-owned facilities, commonly pay smaller stipends.

This year, the major affiliates are reporting the smallest increase in stipend levels. This is in direct contrast to last year's survey in which the major affiliates had the largest increase in stipend levels while the university-owned facilities had the smallest increase.

HOSPITAL OWNERSHIP (Tables 16-22)

Survey respondents are divided into five categories based on the ownership of the institution. The categories are: state-owned; municipally-owned, including county, city and district hospitals; church-owned; other non-profit; and, Veterans Administration hospitals.

The other, nonprofit hospital group has the highest median stipends, and the church-owned and Veteran's Administration hospital groups have similar stipend levels. However, the median stipends for the state-owned and municipally-owned hospitals are more than $1000 less than those of the other three groups. Figure 3 depicts this disparity in median stipends for the first post-MD year.

The rate of increase in median stipends for first year residents is smallest for the state-owned hospitals (3.8%) this year, and greatest for the VA hospitals (5.8%).

BED-SIZE GROUPINGS (Tables 23-28)

Four bedsize groupings are also used to classify COTH hospitals. These groupings are designed to segregate COTH members into four equal groupings based on the number of beds in the institution. The bed-size categories are those having fewer than 385 beds, 385 to 523 beds, 524 to 704 beds, and more than 705 beds. As shown in Tables 23 through 28, stipend levels do not differ significantly by size of the institution. This finding is consistent with previous years' data in which no clear distinctions were found.

ISSUER OF STIPEND CHECK (Table 29)

Participants in this year's survey were asked to identify the body (or bodies) that writes the residents' stipend checks. This question became significant this fall when the Department of Health and Human Services in its Interim Final Regulation for the Medicare Prospective Payment System, counted residents who were "employed at the hospital" in order to determine the ratio of residents to beds for the indirect medical education adjustment. The AAMC was concerned that this language would prevent hospitals from counting residents for whom they did not issue the stipend check.

According to the responses to this survey, the stipend check is written by some organization other than the hospital in 42 percent of the cases. In the university-owned hospitals, which have a heavy concentration of residents and fellows (see Appendix E), only 39 percent of the hospitals write the stipend check. For 35 percent of the cases, the university writes the check.

At 25 percent of the state-owned hospitals, the stipend checks are written by the state, and at another 38 percent, they are written by the university. Three quarters of the hospitals in the Western region do not write the residents' checks. In twenty percent of the Western hospitals, the university writes the check, while in another 24 percent of the Western hospitals, the VA writes the check.

CITY DATA (Tables 30-56)

Some cities and metropolitan areas have sufficient numbers of COTH members to warrant comparisons. Tables 30-56 present data for the 26 cities or metropolitan areas in which responses were received from four or more COTH members. The low, high, and mean data are presented for each city. For any year of resident training in any one of these cities in which three or fewer responses are received, only the mean data are reported. The cities and the number of respondents in each are:

Akron-Youngstown-Canton	5
Atlanta	3
Baltimore	7
Boston	13
Chicago	12
Cincinnati	4
Cleveland	4
Dallas	4
Detroit	5

District of Columbia 6
Hartford 6
Houston 4
Indianapolis 5
Long Island 6
Los Angeles 7
Milwaukee 7
Minneapolis 4
Newark 5
New York City 20
Philadelphia 12
Pittsburgh 8
Providence 5
Rochester 5
San Francisco 6
Seattle 4
St. Louis 7

Table 1

Nationwide Housestaff Stipends for 1983-84 and 1982-83,
By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
		1983-84			
1st Post-MD Year	293	$18,441	$19,629	$19,868	$20,800
2nd Post-MD Year	293	19,600	20,941	21,231	22,282
3rd Post-MD Year	293	20,600	22,052	22,439	23,500
4th Post-MD Year	289	21,657	23,214	23,630	24,860
5th Post-MD Year	279	22,695	24,300	24,734	26,208
6th Post-MD Year	216	23,462	25,498	25,974	27,867
		1982-83			
1st Post-MD Year	307	$17,600	$18,810	$18,961	$19,977
2nd Post-MD Year	307	18,700	20,010	20,307	21,342
3rd Post-MD Year	307	19,700	21,082	21,499	22,462
4th Post-MD Year	302	20,570	22,235	22,640	23,612
5th Post-MD Year	290	21,500	23,400	23,707	25,200
6th Post-MD Year	226	22,462	24,534	24,957	26,600

Table 2

Dollar and Percentage Increases in Average Nationwide Housestaff Stipends for 1983-84 Compared with 1982-83, By Year of Training

Year of Training	Dollar Increases		Percentage Increases	
	Median	Mean	Median	Mean
1st Post-MD Year	$ 819	$ 907	4.4%	4.8%
2nd Post-MD Year	931	924	4.7	4.5
3rd Post-MD Year	970	940	4.6	4.4
4th Post-MD Year	979	990	4.4	4.4
5th Post-MD Year	900	1,027	3.8	4.3
6th Post-MD Year	964	1,017	3.9	4.1

Table 3

Index Values for Average Nationwide Housestaff Stipends for 1983-84,
By Year of Training

Year of Training	Index Value: 1983-84* Median	Mean
1st Post-MD Year	1.00	1.00
2nd Post-MD Year	1.07	1.07
3rd Post-MD Year	1.12	1.13
4th Post-MD Year	1.18	1.19
5th Post-MD Year	1.24	1.24
6th Post-MD Year	1.30	1.31

* The index value is computed by dividing the median and mean stipends in each year by the median and mean stipends in the 1st Post-MD Year (the base year).

Table 4

Dollar and Percentage Increases in Nationwide Median Housestaff Stipends
Received By a Cohort of Residents

Year of Training		Dollar Increases		Percentage Increases	
1982-83	1983-84	Median	Mean	Median	Mean
1st Post-MD Yr	to 2nd Post-MD Yr	$2,131	$2,270	11.3%	12.0%
2nd Post-MD Yr	to 3rd Post-MD Yr	2,042	2,132	10.2	10.5
3rd Post-MD Yr	to 4th Post-MD Yr	2,132	2,131	10.1	9.9
4th Post-MD Yr	to 5th Post-MD Yr	2,065	2,094	9.3	9.2
5th Post-MD Yr	to 6th Post-MD Yr	2,098	2,267	9.0	9.6

Table 5

A Comparison of Median Housestaff Stipends for 1983-84,
By Year of Training and Geographic Region

Year of Training	Northeastern	Southern	Midwestern	Western	Nationwide
	1983-84 Median Stipend, by Region				
1st Post-MD Year	$20,592	$18,120	$19,719	$19,000	$19,629
2nd Post-MD Year	22,000	19,245	20,800	20,820	20,941
3rd Post-MD Year	23,004	20,245	21,800	22,568	22,052
4th Post-MD Year	24,624	21,000	22,828	24,255	23,214
5th Post-MD Year	25,943	21,982	24,000	25,830	24,300
6th Post-MD Year	27,333	22,705	25,050	26,565	25,498
	1983-84 Median Stipend as Percent of Nationwide Median, by Region				
1st Post-MD Year	104.9%	92.3%	100.5%	96.8%	100.0%
2nd Post-MD Year	105.1	91.9	99.3	99.4	100.0
3rd Post-MD Year	104.3	91.8	98.9	102.3	100.0
4th Post-MD Year	106.1	90.5	98.3	104.5	100.0
5th Post-MD Year	106.8	90.5	98.8	106.3	100.0
6th Post-MD Year	107.2	89.2	98.2	104.2	100.0

Figure 1:
First Post-M.D. Year Median Salary Data:
A Five Year Comparison by
Region

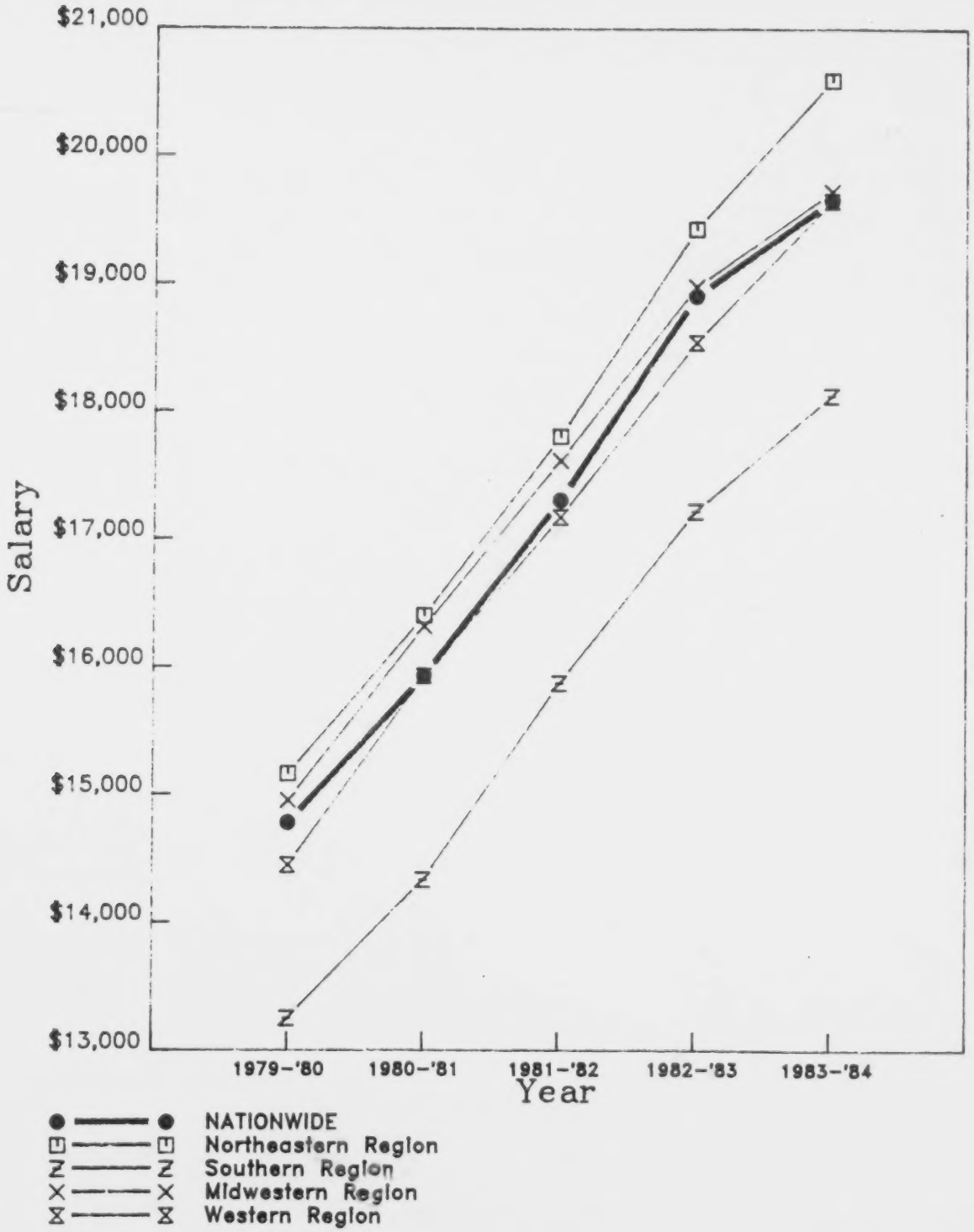


Table 6

Northeastern Region: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
		1983-84			
1st Post-MD Year	118	$19,585	$20,592	$20,925	$21,694
2nd Post-MD Year	118	20,965	22,000	22,475	23,420
3rd Post-MD Year	118	22,069	23,004	23,787	24,675
4th Post-MD Year	117	23,214	24,624	25,023	26,100
5th Post-MD Year	112	24,466	25,943	26,241	26,962
6th Post-MD Year	91	25,694	27,333	27,700	29,200
		1982-83			
1st Post-MD Year	122	$18,663	$19,480	$19,854	$20,500
2nd Post-MD Year	122	19,843	20,912	21,275	22,062
3rd Post-MD Year	122	20,900	22,100	22,565	23,557
4th Post-MD Year	122	22,120	23,319	23,715	24,752
5th Post-MD Year	116	23,300	24,498	24,866	26,000
6th Post-MD Year	92	24,534	26,120	26,287	28,000

Table 7

Southern Region: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	57	$17,470	$18,120	$18,169	$18,900
2nd Post-MD Year	57	18,200	19,245	19,145	20,000
3rd Post-MD Year	57	19,000	20,245	20,118	20,864
4th Post-MD Year	57	19,920	21,000	21,110	21,870
5th Post-MD Year	56	20,520	21,982	21,963	23,017
6th Post-MD Year	44	21,249	22,705	22,461	23,462
			1982-83		
1st Post-MD Year	60	$16,400	$17,181	$17,373	$18,101
2nd Post-MD Year	60	17,365	17,976	18,345	19,488
3rd Post-MD Year	60	18,204	18,830	19,287	20,500
4th Post-MD Year	60	18,904	19,692	20,235	21,000
5th Post-MD Year	59	19,958	20,551	21,158	22,077
6th Post-MD Year	47	20,304	21,355	21,529	23,036

Table 8

Midwestern Region: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
		1983-84			
1st Post-MD Year	83	$18,674	$19,719	$19,625	$20,300
2nd Post-MD Year	83	19,661	20,800	20,678	21,470
3rd Post-MD Year	83	20,673	21,800	21,672	22,400
4th Post-MD Year	81	21,750	22,828	22,785	23,500
5th Post-MD Year	77	23,000	24,000	23,743	24,500
6th Post-MD Year	53	23,500	25,050	24,837	25,746
		1982-83			
1st Post-MD Year	86	$17,705	$18,936	$18,740	$19,600
2nd Post-MD Year	86	18,750	20,000	19,812	20,580
3rd Post-MD Year	86	19,920	20,952	20,765	21,550
4th Post-MD Year	83	21,000	22,000	21,800	22,533
5th Post-MD Year	78	21,780	22,920	22,708	23,490
6th Post-MD Year	55	22,500	24,250	23,906	24,598

Table 9

Western Region: Housestaff Stipends for 1983-84 and 1982-83,
By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
		1983-84			
1st Post-MD Year	35	$18,384	$19,000	$19,645	$20,724
2nd Post-MD Year	35	19,947	20,820	21,474	23,970
3rd Post-MD Year	35	21,249	22,568	23,497	25,886
4th Post-MD Year	34	22,523	24,255	25,077	27,281
5th Post-MD Year	34	23,875	25,830	26,573	28,539
6th Post-MD Year	28	25,200	26,565	28,035	30,100
		1982-83			
1st Post-MD Year	39	$17,273	$18,404	$19,099	$20,220
2nd Post-MD Year	39	19,000	20,500	21,390	23,859
3rd Post-MD Year	39	20,400	22,000	23,190	25,957
4th Post-MD Year	38	21,609	23,547	24,846	27,420
5th Post-MD Year	37	23,216	25,210	26,243	28,394
6th Post-MD Year	32	24,633	26,000	27,978	31,322

Table 10

Dollar and Percentage Increases in Average Regional Housestaff Stipends for 1983-84 Compared with 1982-83, By Year of Training

	Northeastern		Southern		Midwestern		Western	
Year of Training	Median	Mean	Median	Mean	Median	Mean	Median	Mean
Dollar Increases, by Region								
1st Post-MD Year	$1,112	$1,071	$ 939	$ 796	$ 783	$ 885	$ 596	$ 546
2nd Post-MD Year	1,088	1,200	1,269	800	800	866	320	84
3rd Post-MD Year	904	1,222	1,415	831	1,208	907	568	307
4th Post-MD Year	1,305	1,308	1,308	875	828	985	708	231
5th Post-MD Year	1,445	1,375	1,431	805	1,080	1,035	620	330
6th Post-MD Year	1,213	1,413	1,350	932	800	931	565	57
Percentage Increases, by Region								
1st Post-MD Year	5.7%	5.4%	5.5%	4.6%	4.1%	4.7%	3.2%	2.9%
2nd Post-MD Year	5.2	5.6	7.1	4.4	4.0	4.4	1.6	0.4
3rd Post-MD Year	4.1	5.4	7.5	4.3	5.8	4.4	2.6	1.3
4th Post-MD Year	5.6	5.5	6.6	4.3	3.8	4.5	3.0	1.0
5th Post-MD Year	5.9	5.5	7.0	3.8	4.7	4.6	2.5	1.3
6th Post-MD Year	4.6	5.4	6.3	4.3	3.3	3.9	2.2	0.2

Table 11

A Comparison of Median Housestaff Stipends for 1983-84,
By Year of Training and Hospital Affiliation

Year of Training	University-Owned	Major Affiliate	Limited Affiliate	Nationwide
	1983-84 Median Stipend, by Affiliation Relationship			
1st Post-MD Year	$19,196	$19,719	$20,298	$19,629
2nd Post-MD Year	20,400	20,988	21,654	20,941
3rd Post-MD Year	21,447	22,069	22,851	22,052
4th Post-MD Year	22,523	23,200	24,200	23,214
5th Post-MD Year	23,875	24,259	25,351	24,300
6th Post-MD Year	24,736	25,529	26,700	25,498
	1983-84 Median Stipend as Percent of Nationwide Median, by Affiliation Relationship			
1st Post-MD Year	97.8%	100.5%	103.4%	100.0%
2nd Post-MD Year	97.4	100.2	103.4	100.0
3rd Post-MD Year	97.3	100.1	103.6	100.0
4th Post-MD Year	97.0	99.9	104.2	100.0
5th Post-MD Year	98.3	99.8	104.3	100.0
6th Post-MD Year	97.0	100.1	104.7	100.0

Figure 2:
First Post–M.D. Year Median Salary Data:
A Five Year Comparison by
Affiliation

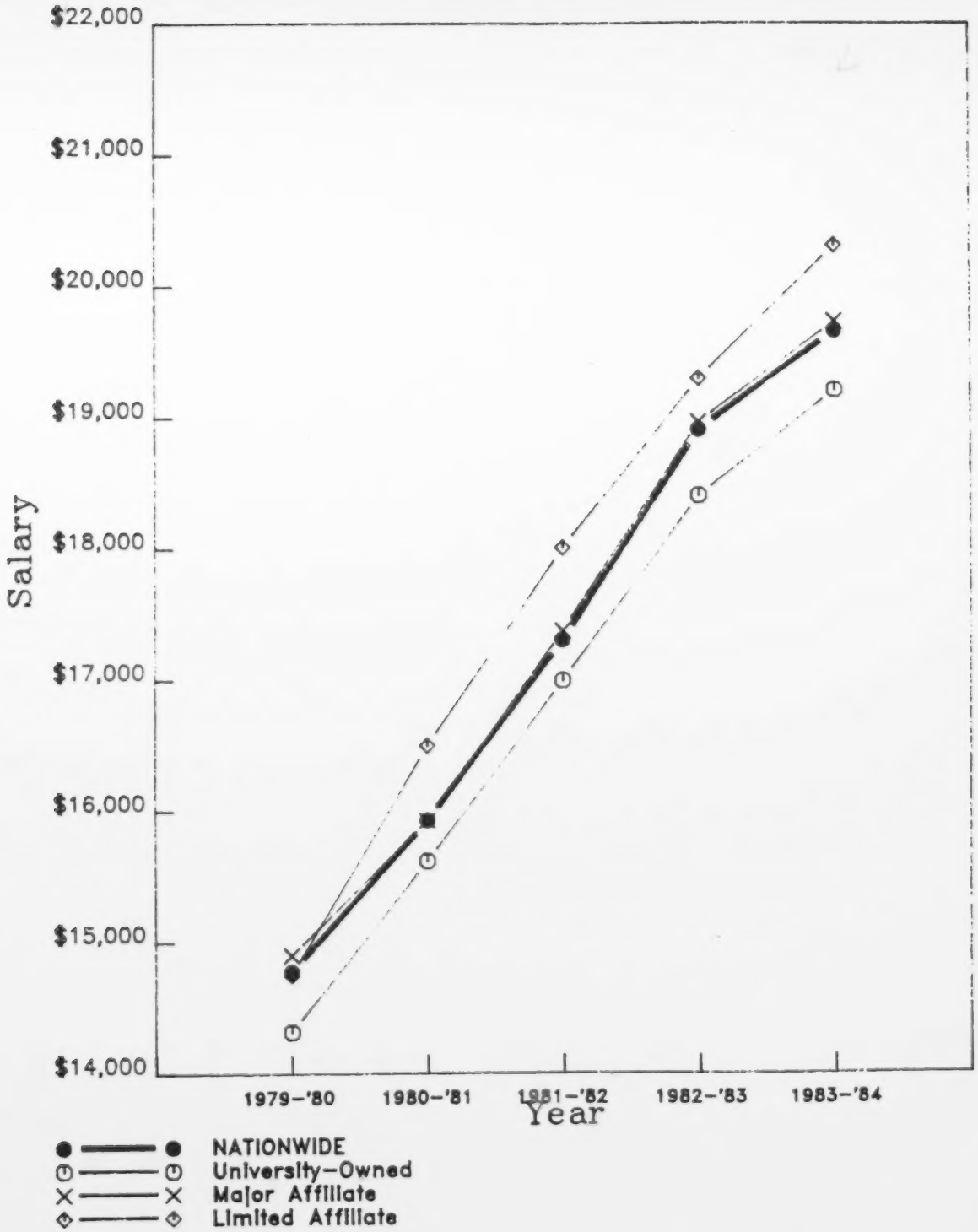


Table 12

University-Owned Hospitals: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	45	$18,061	$19,196	$19,027	$19,900
2nd Post-MD Year	45	19,237	20,400	20,304	21,499
3rd Post-MD Year	45	20,033	21,447	21,481	22,715
4th Post-MD Year	45	21,206	22,523	22,645	24,053
5th Post-MD Year	45	22,164	23,875	23,750	25,146
6th Post-MD Year	40	22,200	24,736	24,629	26,121
			1982-83		
1st Post-MD Year	46	$17,152	18,000	$18,077	$18,975
2nd Post-MD Year	46	17,975	19,488	19,315	20,421
3rd Post-MD Year	46	18,830	20,691	20,462	21,486
4th Post-MD Year	46	19,758	21,762	21,577	22,895
5th Post-MD Year	46	20,551	22,920	22,647	24,063
6th Post-MD Year	41	21,395	24,000	23,564	24,998

Table 13

Major Affiliate: Housestaff Stipends for 1983-84 and 1982-83,
By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	214	$18,555	$19,719	$19,957	$21,000
2nd Post-MD Year	213	19,609	20,988	21,297	22,300
3rd Post-MD Year	213	20,633	22,069	22,484	23,500
4th Post-MD Year	209	21,684	23,200	23,663	24,732
5th Post-MD Year	200	22,695	24,259	24,755	26,135
6th Post-MD Year	158	23,587	25,529	26,115	28,198
			1982-83		
1st Post-MD Year	221	$17,749	$18,936	$19,074	$20,092
2nd Post-MD Year	220	18,744	20,082	20,393	21,400
3rd Post-MD Year	220	19,700	21,073	21,557	22,500
4th Post-MD Year	216	20,659	22,235	22,682	23,600
5th Post-MD Year	206	21,500	23,406	23,758	25,210
6th Post-MD Year	164	22,500	24,598	25,098	27,132

Table 14

Limited Affiliate: Housestaff Stipends for 1983-84 and 1982-83,
By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	29	$19,027	20,298	$20,034	$21,050
2nd Post-MD Year	30	20,322	21,654	21,672	23,200
3rd Post-MD Year	30	21,466	22,851	22,974	24,650
4th Post-MD Year	30	22,523	24,200	24,283	25,600
5th Post-MD Year	30	23,600	25,351	25,500	27,092
6th Post-MD Year	15	25,354	26,700	26,993	29,400
			1982-83		
1st Post-MD Year	35	$18,300	$19,165	$19,049	$20,220
2nd Post-MD Year	36	19,350	20,623	20,654	21,677
3rd Post-MD Year	36	20,450	21,916	21,950	22,830
4th Post-MD Year	35	21,440	23,480	23,264	24,400
5th Post-MD Year	34	22,500	24,393	24,305	25,830
6th Post-MD Year	18	24,200	25,705	25,930	27,820

Table 15

Dollar and Percentage Increases in Average Housestaff Stipends, by Affiliation Relationship, for 1983-84 Compared with 1982-83, By Year of Training

	Dollar Increases, by Affiliation Relationship					
	University-Owned		Major Affiliate		Limited Affiliate	
Year of Training	Median	Mean	Median	Mean	Median	Mean
1st Post-MD Year	$1,196	$ 950	$ 783	$ 883	$1,133	$ 985
2nd Post-MD Year	912	989	906	904	1,031	1,018
3rd Post-MD Year	756	1,019	996	927	935	1,024
4th Post-MD Year	761	1,068	965	981	720	1,019
5th Post-MD Year	955	1,103	853	997	958	1,195
6th Post-MD Year	736	1,065	931	1,017	995	1,063
	Percentage Increases, by Affiliation Relationship					
1st Post-MD Year	6.6%	5.3%	4.1%	4.6%	5.9%	5.2%
2nd Post-MD Year	4.7	5.1	4.5	4.4	5.0	4.9
3rd Post-MD Year	3.7	5.0	4.7	4.3	4.3	4.7
4th Post-MD Year	3.5	4.9	4.3	4.3	3.1	4.4
5th Post-MD Year	4.2	4.9	3.6	4.2	3.9	4.9
6th Post-MD Year	3.1	4.5	3.8	4.1	3.9	4.1

Table 16

A Comparison of Median Housestaff Stipends for 1983-84,
By Year of Training and Hospital Ownership

Year of Training	State-Owned	Municipally-Owned	Church-Owned	Other, Nonprofit	Veterans Administration	Nationwide
	1983-84 Median Stipend, by Hospital Ownership					
1st Post-MD Year	$18,384	$18,545	$19,800	$20,000	$19,503	$19,629
2nd Post-MD Year	19,800	20,400	21,000	21,257	20,556	20,941
3rd Post-MD Year	20,792	21,600	22,100	22,610	21,700	22,052
4th Post-MD Year	21,750	22,473	23,300	23,750	22,766	23,214
5th Post-MD Year	23,076	23,500	24,500	24,993	23,973	24,300
6th Post-MD Year	23,904	24,200	25,746	26,450	25,089	25,498
	1983-84 Median Stipend as Percent of Nationwide Median, by Hospital Ownership					
1st Post-MD Year	93.7%	94.5%	100.9%	101.9%	99.4%	100.0%
2nd Post-MD Year	94.6	97.4	100.3	101.5	98.2	100.0
3rd Post-MD Year	94.3	98.0	100.2	102.5	98.4	100.0
4th Post-MD Year	93.7	96.8	100.4	102.3	98.1	100.0
5th Post-MD Year	95.0	96.7	100.8	102.9	98.7	100.0
6th Post-MD Year	93.7	94.9	101.0	103.7	98.4	100.0

Figure 3:
First Post–M.D. Year Median Salary Data:
A Five Year Comparison by
Type of Ownership

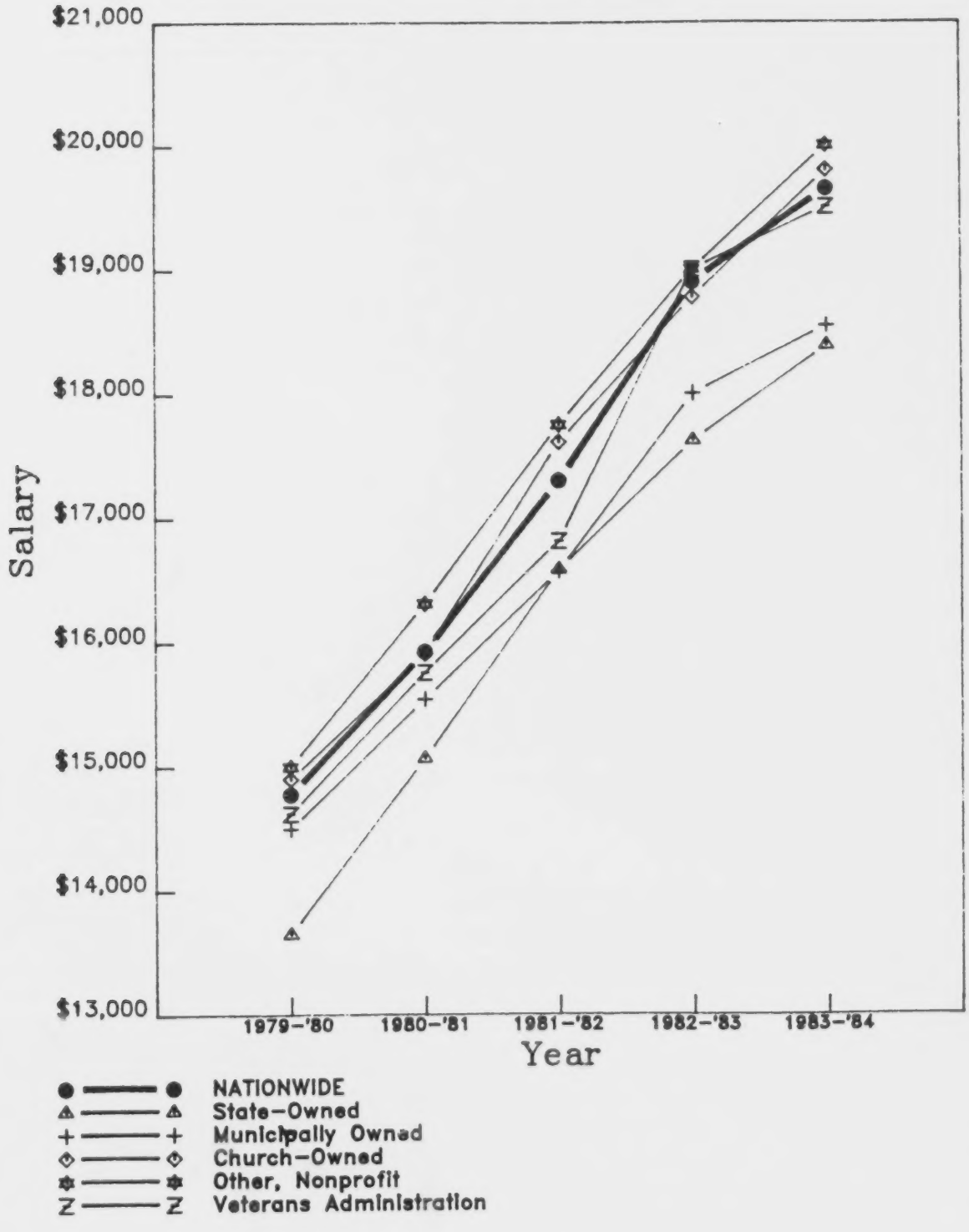


Table 17

State-Owned Hospitals: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
		1983-84			
1st Post-MD Year	31	$17,838	$18,384	$18,547	$19,328
2nd Post-MD Year	31	18,646	19,800	19,746	20,533
3rd Post-MD Year	31	19,576	20,792	20,892	21,936
4th Post-MD Year	31	20,374	21,750	22,006	23,214
5th Post-MD Year	31	21,170	23,076	23,075	24,254
6th Post-MD Year	28	21,966	23,904	23,812	25,200
		1982-83			
1st Post-MD Year	32	$16,876	$17,703	$17,703	$18,283
2nd Post-MD Year	32	17,972	19,000	18,874	19,555
3rd Post-MD Year	32	18,792	20,000	20,016	21,026
4th Post-MD Year	32	19,656	21,349	21,105	22,128
5th Post-MD Year	32	20,457	22,630	22,162	23,112
6th Post-MD Year	29	21,252	23,651	22,926	24,250

Table 18

Municipally-Owned Hospitals: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	19	$18,000	$18,545	$19,311	$20,335
2nd Post-MD Year	19	18,965	20,400	20,785	22,207
3rd Post-MD Year	19	19,700	21,600	22,153	24,348
4th Post-MD Year	18	20,400	22,473	23,189	25,091
5th Post-MD Year	18	21,118	23,500	24,211	26,644
6th Post-MD Year	16	21,938	24,200	24,970	26,590
			1982-83		
1st Post-MD Year	22	$17,152	$17,775	18,671	$20,000
2nd Post-MD Year	22	18,062	19,479	20,389	22,062
3rd Post-MD Year	22	18,957	20,440	21,767	24,044
4th Post-MD Year	21	19,851	22,462	22,919	24,732
5th Post-MD Year	21	20,745	23,406	23,980	25,491
6th Post-MD Year	19	21,396	24,349	24,870	28,124

Table 19

Church-Owned Hospitals: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	33	$19,097	$19,800	$20,059	$20,592
2nd Post-MD Year	33	20,114	21,000	21,445	22,214
3rd Post-MD Year	33	21,249	22,100	22,669	22,993
4th Post-MD Year	33	22,464	23,300	23,732	24,053
5th Post-MD Year	33	23,875	24,500	24,840	25,376
6th Post-MD Year	17	23,587	25,746	26,413	27,940
			1982-83		
1st Post-MD Year	34	$18,477	$18,936	$19,186	$19,817
2nd Post-MD Year	34	19,700	20,010	20,480	21,300
3rd Post-MD Year	34	20,500	21,002	21,632	22,206
4th Post-MD Year	34	21,440	22,123	22,636	23,319
5th Post-MD Year	34	22,611	23,257	23,683	24,480
6th Post-MD Year	17	24,147	24,639	25,271	25,870

Table 20

Other, Nonprofit Hospitals: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	146	$19,000	$20,000	$20,184	$21,080
2nd Post-MD Year	146	20,395	21,257	21,609	22,418
3rd Post-MD Year	146	21,466	22,610	22,812	23,524
4th Post-MD Year	143	22,300	23,750	24,081	25,100
5th Post-MD Year	133	23,400	24,993	25,239	26,775
6th Post-MD Year	95	24,844	26,450	26,730	28,500
			1982-83		
1st Post-MD Year	153	$18,101	$19,031	$19,199	$20,082
2nd Post-MD Year	153	19,400	20,373	20,585	21,400
3rd Post-MD Year	153	20,500	21,539	21,783	22,600
4th Post-MD Year	149	21,400	22,600	22,990	24,100
5th Post-MD Year	137	22,410	23,777	24,098	25,595
6th Post-MD Year	99	23,784	25,340	25,599	27,248

Table 21

Veterans Administration Hospitals: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	64	$18,047	$19,503	$19,851	$21,543
2nd Post-MD Year	64	19,312	20,556	21,112	22,462
3rd Post-MD Year	64	20,300	21,700	22,305	23,633
4th Post-MD Year	64	21,000	22,766	23,482	24,928
5th Post-MD Year	64	21,782	23,973	24,578	26,208
6th Post-MD Year	60	23,124	25,089	25,929	27,805
			1982-83		
1st Post-MD Year	66	$17,385	$18,431	$19,002	$20,790
2nd Post-MD Year	66	18,450	19,947	20,242	21,928
3rd Post-MD Year	66	19,150	20,900	21,405	22,591
4th Post-MD Year	66	20,100	21,994	22,507	23,612
5th Post-MD Year	66	20,909	23,200	23,570	24,762
6th Post-MD Year	62	21,826	24,200	24,824	26,477

Table 22

Dollar and Percentage Increases in Average Housestaff Stipends
by Hospital Ownership, for 1983-84 Compared with 1982-83,
By Year of Training

Year of Training	State-Owned		Municipally-Owned		Church-Owned		Other, Nonprofit		Veterans Administration	
	Median	Mean	Median	Mean	Median	Mean	Median	Mean	Median	Mean
Dollar Increases, by Hospital Ownership										
1st Post-MD Year	$ 681	$ 844	$ 770	$ 640	$ 864	$ 873	$ 969	$ 985	$1,072	$ 849
2nd Post-MD Year	800	872	921	396	990	965	884	1,024	609	870
3rd Post-MD Year	792	876	1,160	386	1,098	1,037	1,071	1,029	800	900
4th Post-MD Year	401	901	11	270	1,177	1,096	1,150	1,091	772	975
5th Post-MD Year	446	913	94	231	1,243	1,157	1,216	1,141	773	1,008
6th Post-MD Year	253	886	-	100	1,107	1,142	1,110	1,131	889	1,105
Percentage Increases, by Hospital Ownership										
1st Post-MD Year	3.8%	4.8%	4.3%	3.4%	4.6%	4.6%	5.1%	5.1%	5.8%	4.5%
2nd Post-MD Year	4.2	4.6	4.7	1.9	4.9	4.7	4.3	5.0	3.1	4.3
3rd Post-MD Year	4.0	4.4	5.7	1.8	5.2	4.8	5.0	4.7	3.8	4.2
4th Post-MD Year	1.9	4.3	0.0	1.2	5.3	4.8	5.1	4.7	3.5	4.3
5th Post-MD Year	2.0	4.1	0.4	1.0	5.3	4.9	5.1	4.7	3.3	4.3
6th Post-MD Year	1.1	3.9	-	0.4	4.5	4.5	4.4	4.4	3.7	4.5

Table 23

A Comparison of Median Housestaff Stipends for 1983-84,
By Year of Training and Hospital Bed Size

Year of Training	384 or Fewer	385-523	524-704	705 or More	Nationwide
	1983-84 Median Stipend, by Hospital Bed Size				
1st Post-MD Year	$19,503	$19,500	$19,788	$20,000	$19,629
2nd Post-MD Year	20,950	20,618	20,941	21,150	20,941
3rd Post-MD Year	22,000	21,700	22,050	22,300	22,052
4th Post-MD Year	23,070	22,790	23,356	23,500	23,214
5th Post-MD Year	24,254	24,000	24,300	24,504	24,300
6th Post-MD Year	25,472	24,996	25,694	26,120	25,498
	1982-83 Median Stipend as Percent of Nationwide Median, by Hospital Bed Size				
1st Post-MD Year	99.4%	99.3%	100.8%	101.9%	100.0%
2nd Post-MD Year	100.0	98.5	100.0	101.0	100.0
3rd Post-MD Year	99.8	98.4	100.0	101.1	100.0
4th Post-MD Year	99.4	98.2	100.6	101.2	100.0
5th Post-MD Year	99.8	98.8	100.0	100.8	100.0
6th Post-MD Year	99.9	98.0	100.8	102.4	100.0

Table 24

Hospitals with 384 or Fewer Beds: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	71	$18,384	$19,503	$19,587	$20,500
2nd Post-MD Year	72	19,488	20,950	21,060	22,000
3rd Post-MD Year	72	20,592	22,000	22,132	23,149
4th Post-MD Year	72	21,696	23,070	23,463	24,624
5th Post-MD Year	66	22,800	24,254	24,475	26,208
6th Post-MD Year	54	23,700	25,472	25,469	27,115
			1982-83		
1st Post-MD Year	75	$17,700	$18,810	$18,815	$19,629
2nd Post-MD Year	76	18,625	20,000	20,161	20,912
3rd Post-MD Year	76	19,498	21,010	21,279	22,174
4th Post-MD Year	75	20,509	22,128	22,535	23,562
5th Post-MD Year	69	21,312	23,216	23,503	25,200
6th Post-MD Year	56	22,344	24,349	24,501	25,425

Table 25

Hospitals with 385-523 Beds: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
		1983-84			
1st Post-MD Year	80	$18,376	$19,500	$19,642	$20,594
2nd Post-MD Year	79	19,473	20,618	20,914	21,863
3rd Post-MD Year	79	20,446	21,700	22,122	22,959
4th Post-MD Year	77	21,484	22,790	23,254	24,255
5th Post-MD Year	75	22,513	24,000	24,418	25,850
6th Post-MD Year	55	23,039	24,996	25,673	26,565
		1982-83			
1st Post-MD Year	84	$17,280	$18,500	$18,654	$19,800
2nd Post-MD Year	83	18,371	19,750	19,960	20,885
3rd Post-MD Year	83	19,320	20,966	21,128	22,055
4th Post-MD Year	81	20,265	22,000	22,197	23,235
5th Post-MD Year	77	21,100	23,000	23,224	24,600
6th Post-MD Year	58	21,800	24,250	24,504	26,000

Table 26

Hospitals 524-704 Beds: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	66	$18,600	$19,788	$19,900	$20,768
2nd Post-MD Year	66	19,733	20,941	21,180	22,385
3rd Post-MD Year	66	21,040	22,050	22,371	23,500
4th Post-MD Year	64	21,617	23,356	23,539	24,718
5th Post-MD Year	62	23,076	24,300	24,727	26,605
6th Post-MD Year	41	23,000	25,694	25,865	28,198
			1982-83		
1st Post-MD Year	70	$17,650	$18,894	$18,915	$19,988
2nd Post-MD Year	70	18,750	20,082	20,193	21,425
3rd Post-MD Year	70	20,000	21,400	21,351	22,426
4th Post-MD Year	68	21,000	22,568	22,508	23,664
5th Post-MD Year	66	22,358	23,590	23,671	25,350
6th Post-MD Year	44	23,587	24,998	24,859	27,132

Table 27

Hospitals with 705 or More Beds: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Number of Hospitals	25th Percentile	Median	Mean	75th Percentile
			1983-84		
1st Post-MD Year	76	$18,500	$20,000	$20,339	$21,643
2nd Post-MD Year	76	20,000	21,150	21,767	23,200
3rd Post-MD Year	76	20,907	22,300	23,120	24,735
4th Post-MD Year	76	21,832	23,500	23,500	25,632
5th Post-MD Year	76	22,987	24,504	25,275	26,483
6th Post-MD Year	66	23,913	26,120	26,706	29,145
			1982-83		
1st Post-MD Year	78	$17,918	$19,150	$19,475	$20,513
2nd Post-MD Year	78	19,500	20,329	20,921	22,062
3rd Post-MD Year	78	20,500	21,400	22,243	24,044
4th Post-MD Year	78	21,000	22,515	23,316	24,732
5th Post-MD Year	78	21,892	23,625	24,394	25,600
6th Post-MD Year	68	23,036	25,100	25,715	27,820

Table 28

Dollar and Percentage Increases in Housestaff Stipends
by Hospital Bed Size, for 1983-84 Compared with 1982-83,
By Year of Training

	Dollar Increases, by Hospital Bed Size							
	384 or Fewer		385-523		524-704		705 or More	
Year of Training	Median	Mean	Median	Mean	Median	Mean	Median	Mean
1st Post-MD Year	$ 693	$ 772	$1,000	$ 988	$ 894	$ 985	$ 850	$ 864
2nd Post-MD Year	950	899	868	954	859	987	821	846
3rd Post-MD Year	990	853	734	994	650	1,020	900	877
4th Post-MD Year	942	928	790	1,057	788	1,031	985	184
5th Post-MD Year	1,038	972	1,000	1,194	710	1,056	879	881
6th Post-MD Year	1,123	1,966	746	1,089	696	1,006	1,020	991
	Percentage Increases, by Hospital Bed Size							
1st Post-MD Year	3.7%	4.1%	5.4%	5.3%	4.7%	5.2%	4.4%	4.4%
2nd Post-MD Year	4.8	4.5	4.4	4.8	4.3	4.9	4.0	4.0
3rd Post-MD Year	4.7	4.0	3.5	4.7	3.0	4.8	4.2	3.9
4th Post-MD Year	4.3	4.1	3.6	4.8	3.5	4.6	4.4	0.8
5th Post-MD Year	4.5	4.1	4.3	5.1	3.0	4.5	3.7	3.6
6th Post-MD Year	4.6	8.0	3.1	4.4	2.8	4.0	4.1	3.9

Table 29

What Entity Writes the Stipend Check

	Hospital	Medical School	Univ.	State Govt	Local Govt	VA	Other
Nationwide (N=310)	58%	4%	11%	4%	-	18%	5%
Geographic Region							
Northeastern (N=123)	73	2	7	4	-	12	1
Southern (N=60)	40	10	10	7	-	32	2
Midwestern (N=86)	62	1	13	-	-	14	4
Western (N=34)	34	7	20	7	-	24	7
Affiliation Relationship							
University-Owned (N=46)	39	9	35	17	-	-	-
Major Affiliate (N=224)	57	4	8	1	-	24	6
Limited Affiliate (N=35)	89	-	-	3	-	6	3
Hospital Ownership							
State-Owned (N=32)	25	13	38	25	-	-	-
Municipally-Owned (N=22)	59	-	14	14	-	-	14
Church-Owned (N=34)	91	-	3	3	-	-	3
Other, Nonprofit (N=154)	82	4	8	-	-	-	5
Veterans Administration (N=67)	3	4	6	-	-	84	3
Hospital Bed Size							
384 or Fewer (N=78)	39	9	21	9	-	17	6
385 - 523 (N=85)	65	4	11	2	-	15	4
524 - 704 (N=69)	77	-	7	-	-	13	3
705 or More (N=78)	55	4	5	4	-	27	5

Table 30

Akron-Youngstown-Canton, Ohio: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$21,094	$20,000	$23,625	5
2nd Post-MD Year	22,321	20,900	26,025	5
3rd Post-MD Year	23,559	21,800	28,425	5
4th Post-MD Year	24,987	22,700	30,825	5
5th Post-MD Year	28,413	*	*	2
6th Post-MD Year	*	*	*	0
		1982-83		
1st Post-MD Year	$19,165	$17,650	$21,000	5
2nd Post-MD Year	20,465	18,750	23,400	5
3rd Post-MD Year	22,005	19,850	25,800	5
4th Post-MD Year	23,355	21,000	28,200	5
5th Post-MD Year	26,400	*	*	2
6th Post-MD Year	*	*	*	0

*Too few respondents to report data.

Table 31

Atlanta, Georgia: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$17,349	*	*	3
2nd Post-MD Year	17,950	*	*	3
3rd Post-MD Year	18,551	*	*	3
4th Post-MD Year	19,151	*	*	3
5th Post-MD Year	19,752	*	*	3
6th Post-MD Year	20,352	*	*	3
		1982-83		
1st Post-MD Year	$15,998	*	*	3
2nd Post-MD Year	16,599	*	*	3
3rd Post-MD Year	17,199	*	*	3
4th Post-MD Year	17,800	*	*	3
5th Post-MD Year	18,401	*	*	3
6th Post-MD Year	19,001	*	*	3

Table 32

Baltimore, Maryland: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$17,920	$14,698	$19,612	7
2nd Post-MD Year	18,862	15,511	20,537	7
3rd Post-MD Year	19,685	16,548	21,700	7
4th Post-MD Year	20,622	17,825	23,228	7
5th Post-MD Year	21,528	19,101	24,542	7
6th Post-MD Year	22,737	21,575	25,920	5
		1982-83		
1st Post-MD Year	$17,408	$14,123	$18,949	7
2nd Post-MD Year	18,346	14,914	19,843	7
3rd Post-MD Year	19,175	15,912	20,966	7
4th Post-MD Year	20,088	17,139	22,443	7
5th Post-MD Year	20,970	18,366	23,712	7
6th Post-MD Year	22,304	21,550	25,043	5

Table 33

Boston, Massachusetts: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$21,284	$19,800	$22,530	12
2nd Post-MD Post	22,458	20,950	23,717	12
3rd Post-MD Year	23,576	22,050	24,917	12
4th Post-MD Year	25,066	23,575	26,517	12
5th Post-MD Year	26,627	24,950	28,217	11
6th Post-MD Year	28,979	26,225	31,400	10
		1982-83		
1st Post-MD Year	$20,519	$18,681	$21,965	13
2nd Post-MD Year	21,605	19,658	23,046	13
3rd Post-MD Year	22,732	20,757	24,128	13
4th Post-MD Year	24,078	21,978	25,210	13
5th Post-MD Year	25,471	23,199	26,886	12
6th Post-MD Year	27,480	24,400	29,186	10

Table 34

Chicago, Illinois: Housestaff Stipends for 1983-84 and 1982-83,
By Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$20,398	$19,031	$21,369	10
2nd Post-MD Year	21,456	20,081	22,253	10
3rd Post-MD Year	22,482	21,131	23,500	10
4th Post-MD Year	23,547	22,181	24,860	10
5th Post-MD Year	24,690	23,231	26,315	10
6th Post-MD Year	26,127	25,228	27,835	7
		1982-83		
1st Post-MD Year	$19,644	$18,500	$20,548	12
2nd Post-MD Year	20,672	19,500	21,398	12
3rd Post-MD Year	21,687	20,500	22,400	12
4th Post-MD Year	22,803	21,500	23,500	11
5th Post-MD Year	23,931	22,500	24,825	10
6th Post-MD Year	25,263	24,385	26,260	7

Table 35

Cincinnati, Ohio: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$19,956	*	*	4
2nd Post-MD Year	21,161	*	*	4
3rd Post-MD Year	22,255	*	*	4
4th Post-MD Year	24,636	*	*	4
5th Post-MD Year	23,854	*	*	3
6th Post-MD Year	24,922	*	*	2
		1982-83		
1st Post-MD Year	$18,829	*	*	4
2nd Post-MD Year	20,282	*	*	4
3rd Post-MD Year	20,570	*	*	4
4th Post-MD Year	22,596	*	*	4
5th Post-MD Year	21,492	*	*	3
6th Post-MD Year	23,890	*	*	2

*Too few respondents to report data.

Table 36

Cleveland, Ohio: Housestaff Stipends for 1983-84 and 1982-83, By Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$20,818	*	*	4
2nd Post-MD Year	21,695	*	*	4
3rd Post-MD Year	22,531	*	*	4
4th Post-MD Year	23,405	*	*	4
5th Post-MD Year	24,370	*	*	4
6th Post-MD Year	25,259	*	*	3
		1982-83		
1st Post-MD Year	$19,625	*	*	4
2nd Post-MD Year	20,475	*	*	4
3rd Post-MD Year	21,288	*	*	4
4th Post-MD Year	22,125	*	*	4
5th Post-MD Year	23,050	*	*	4
6th Post-MD Year	23,967	*	*	3

*Too few respondents to report data.

Table 37

Dallas, Texas: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$18,039	*	*	4
2nd Post-MD Year	19,075	*	*	4
3rd Post-MD Year	20,084	*	*	4
4th Post-MD Year	20,998	*	*	4
5th Post-MD Year	22,039	*	*	4
6th Post-MD Year	23,309	*	*	2
		1982-83		
1st Post-MD Year	$17,182	*	*	4
2nd Post-MD Year	18,185	*	*	4
3rd Post-MD Year	19,161	*	*	4
4th Post-MD Year	20,044	*	*	4
5th Post-MD Year	21,050	*	*	4
6th Post-MD Year	22,258	*	*	2

*Too few respondents to report data.

Table 38

Detroit, Michigan: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$20,956	$20,092	$22,575	5
2nd Post-MD Year	21,720	20,900	23,450	5
3rd Post-MD Year	22,570	21,600	24,650	5
4th Post-MD Year	23,390	22,300	25,600	5
5th Post-MD Year	24,314	23,000	27,075	5
6th Post-MD Year	25,138	*	*	4
		1982-83		
1st Post-MD Year	$20,106	$19,610	$20,905	6
2nd Post-MD Year	20,889	20,310	21,710	6
3rd Post-MD Year	21,741	21,010	22,830	6
4th Post-MD Year	22,570	21,710	23,710	6
5th Post-MD Year	23,479	22,410	25,070	6
6th Post-MD Year	24,146	23,110	25,870	5

*Too few respondents to report data.

Table 39

District of Columbia: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of
		1983-84		
1st Post-MD Year	$20,278	$18,822	$22,753	6
2nd Post-MD Year	22,158	20,598	24,221	6
3rd Post-MD Year	23,459	22,131	25,609	6
4th Post-MD Year	24,634	23,080	27,075	6
5th Post-MD Year	25,266	24,055	26,319	3
6th Post-MD Year	26,085	*	*	6
		1982-83		
1st Post-MD Year	$19,095	$17,591	$22,203	6
2nd Post-MD Year	20,857	19,250	23,721	6
3rd Post-MD Year	22,083	20,683	25,150	6
4th Post-MD Year	23,191	21,570	26,515	6
5th Post-MD Year	23,572	22,481	24,829	3
6th Post-MD Year	24,266	*	*	6

*Too few respondents to report data.

Table 40

Hartford, Connecticut: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$20,067	$19,600	$20,800	6
2nd Post-MD Year	21,212	20,750	21,975	6
3rd Post-MD Year	22,408	21,850	23,200	6
4th Post-MD Year	23,662	23,100	24,449	6
5th Post-MD Year	25,004	24,050	25,725	6
6th Post-MD Year	26,131	*	*	4
		1982-83		
1st Post-MD Year	$18,981	$18,650	$19,700	6
2nd Post-MD Year	20,077	19,750	20,825	6
3rd Post-MD Year	21,219	20,800	21,975	6
4th Post-MD Year	22,406	22,000	23,100	6
5th Post-MD Year	23,681	22,900	24,500	6
6th Post-MD Year	24,691	*	*	4

*Too few respondents to report data.

Table 41

Houston, Texas: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$18,720	$18,101	$18,946	4
2nd Post-MD Year	19,987	18,834	20,456	4
3rd Post-MD Year	20,984	19,936	21,385	4
4th Post-MD Year	22,056	20,792	22,515	4
5th Post-MD Year	22,993	21,892	23,415	4
6th Post-MD Year	24,293	22,749	24,834	4
		1982-83		
1st Post-MD Year	$17,228	$17,169	$17,405	4
2nd Post-MD Year	18,475	18,110	18,596	4
3rd Post-MD Year	19,373	19,169	19,441	4
4th Post-MD Year	20,273	19,992	20,366	4
5th Post-MD Year	21,116	21,050	21,138	4
6th Post-MD Year	22,347	21,874	22,505	4

Table 42

Indianapolis, Indiana: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$18,326	$17,838	$19,650	5
2nd Post-MD Year	19,325	18,658	20,955	5
3rd Post-MD Year	20,305	19,478	22,052	5
4th Post-MD Year	21,310	20,298	23,193	5
5th Post-MD Year	22,367	21,118	24,420	5
6th Post-MD Year	22,792	*	*	4
		1982-83		
1st Post-MD Year	$17,552	$17,152	$18,714	5
2nd Post-MD Year	18,526	17,972	19,957	5
3rd Post-MD Year	19,485	18,792	21,002	5
4th Post-MD Year	20,463	19,612	22,089	5
5th Post-MD Year	21,493	20,432	23,257	5
6th Post-MD Year	21,976	*	*	4

*Too few respondents to report data.

Table 43

Long Island, New York: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$22,912	$19,844	$24,961	6
2nd Post-MD Year	24,728	21,012	26,701	6
3rd Post-MD Year	26,147	22,180	28,441	6
4th Post-MD Year	27,466	23,356	30,181	6
5th Post-MD Year	28,779	24,526	31,921	6
6th Post-MD Year	29,374	25,694	31,253	5
		1982-83		
1st Post-MD Year	$21,379	$18,397	$23,220	6
2nd Post-MD Year	23,107	19,479	24,838	6
3rd Post-MD Year	24,449	20,440	26,457	6
4th Post-MD Year	25,699	21,652	28,075	6
5th Post-MD Year	26,923	22,737	29,694	6
6th Post-MD Year	27,511	23,819	29,123	5

Table 44

Los Angeles, California: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$19,581	$18,480	$22,492	7
2nd Post-MD Year	22,405	20,475	25,924	7
3rd Post-MD Year	24,590	22,470	29,477	7
4th Post-MD Year	26,388	24,255	31,562	7
5th Post-MD Year	28,068	25,800	33,591	7
6th Post-MD Year	29,404	26,565	35,691	7
		1982-83		
1st Post-MD Year	$19,495	$17,600	$22,492	10
2nd Post-MD Year	22,739	19,500	25,924	10
3rd Post-MD Year	24,992	21,400	29,477	10
4th Post-MD Year	26,835	23,100	31,562	10
5th Post-MD Year	28,323	24,600	33,591	9
6th Post-MD Year	30,121	25,300	35,691	10

Table 45

Milwaukee, Wisconsin: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$18,393	$18,026	$19,526	7
2nd Post-MD Year	19,386	18,965	20,786	7
3rd Post-MD Year	20,330	19,905	21,695	7
4th Post-MD Year	21,273	20,844	22,605	7
5th Post-MD Year	22,244	21,782	23,725	7
6th Post-MD Year	23,075	22,721	24,844	6
		1982-83		
1st Post-MD Year	$17,673	$17,168	$19,333	7
2nd Post-MD Year	18,628	18,061	20,580	7
3rd Post-MD Year	19,534	18,957	21,480	7
4th Post-MD Year	20,439	19,851	22,381	7
5th Post-MD Year	21,374	20,745	23,490	7
6th Post-MD Year	22,132	21,639	24,598	6

Table 46

Minneapolis, Minnesota: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$18,737	$17,496	$21,052	4
2nd Post-MD Year	19,627	18,370	21,928	4
3rd Post-MD Year	20,569	19,289	22,861	4
4th Post-MD Year	21,953	20,808	23,850	3
5th Post-MD Year	23,186	22,308	24,532	3
6th Post-MD Year	*	*	*	0
		1982-83		
1st Post-MD Year	$17,349	$16,200	$19,494	4
2nd Post-MD Year	18,174	17,010	20,304	4
3rd Post-MD Year	19,045	17,860	21,168	4
4th Post-MD Year	20,509	19,631	22,084	3
5th Post-MD Year	21,659	21,034	22,715	3
6th Post-MD Year	*	*	*	0

*Too few respondents to report data.

Table 47

Newark, New Jersey: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$19,701	$19,427	$20,466	5
2nd Post-MD Year	21,015	20,642	22,170	5
3rd Post-MD Year	21,806	21,444	23,058	5
4th Post-MD Year	22,663	22,235	24,229	5
5th Post-MD Year	23,512	23,007	25,436	5
6th Post-MD Year	24,295	23,785	26,290	5
		1982-83		
1st Post-MD Year	$18,050	$17,495	$18,950	5
2nd Post-MD Year	19,280	18,617	20,528	5
3rd Post-MD Year	20,011	19,312	21,350	5
4th Post-MD Year	20,809	20,024	22,435	5
5th Post-MD Year	21,599	20,720	23,552	5
6th Post-MD Year	22,328	21,420	24,343	5

Table 48

New York City, New York: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$23,945	$20,329	$28,154	19
2nd Post-MD Year	25,993	22,062	30,461	20
3rd Post-MD Year	28,242	24,044	32,076	20
4th Post-MD Year	29,303	24,732	33,687	20
5th Post-MD Year	30,207	25,491	35,304	20
6th Post-MD Year	31,212	26,120	36,534	18
		1982-83		
1st Post-MD Year	$22,516	$18,829	$26,320	19
2nd Post-MD Year	24,508	20,562	28,580	20
3rd Post-MD Year	26,594	22,544	31,151	20
4th Post-MD Year	27,548	23,232	32,051	20
5th Post-MD Year	28,475	23,991	33,034	20
6th Post-MD Year	29,324	24,620	34,212	18

Table 49

Philadelphia, Pennsylvania: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$20,376	$18,400	$22,932	12
2nd Post-MD Year	22,075	20,500	24,742	11
3rd Post-MD Year	23,306	21,500	26,219	11
4th Post-MD Year	24,588	22,400	27,820	11
5th Post-MD Year	25,807	23,400	29,152	11
6th Post-MD Year	27,174	23,600	30,483	9
		1982-83		
1st Post-MD Year	$19,326	$17,500	$21,340	12
2nd Post-MD Year	20,935	19,400	23,150	11
3rd Post-MD Year	22,116	20,300	24,627	11
4th Post-MD Year	23,342	21,200	26,228	11
5th Post-MD Year	24,511	22,100	27,560	11
6th Post-MD Year	25,878	22,300	28,891	9

Table 50

Pittsburgh, Pennsylvania: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$19,965	$19,503	$21,700	8
2nd Post-MD Year	22,235	20,988	26,988	8
3rd Post-MD Year	23,240	22,749	24,800	8
4th Post-MD Year	25,055	24,624	26,100	8
5th Post-MD Year	26,623	26,493	27,400	7
6th Post-MD Year	28,503	28,353	29,400	7
		1982-83		
1st Post-MD Year	$19,165	$18,663	$20,300	10
2nd Post-MD Year	20,596	20,082	21,768	10
3rd Post-MD Year	22,225	21,768	23,562	10
4th Post-MD Year	23,904	23,562	25,350	10
5th Post-MD Year	25,420	25,008	26,021	9
6th Post-MD Year	27,179	26,292	27,973	9

Table 51

Providence, Rhode Island: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$18,771	$18,430	$18,990	5
2nd Post-MD Year	19,579	19,063	19,960	5
3rd Post-MD Year	20,739	20,295	21,000	5
4th Post-MD Year	22,041	21,533	22,320	5
5th Post-MD Year	23,535	22,950	23,850	5
6th Post-MD Year	25,201	24,556	25,570	4
		1982-83		
1st Post-MD Year	$17,477	$17,065	$17,582	5
2nd Post-MD Year	18,361	17,895	18,480	5
3rd Post-MD Year	19,310	18,792	19,440	5
4th Post-MD Year	20,524	19,938	20,671	5
5th Post-MD Year	21,914	21,250	22,081	5
6th Post-MD Year	23,444	22,737	23,680	4

Table 52

Rochester, New York: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$17,700	$17,700	$17,700	5
2nd Post-MD Year	18,700	18,700	18,700	5
3rd Post-MD Year	19,700	19,700	19,700	5
4th Post-MD Year	20,400	20,400	20,400	5
5th Post-MD Year	21,100	21,100	21,100	4
6th Post-MD Year	*	*	*	
		1982-83		
1st Post-MD Year	$16,700	$16,700	$16,700	5
2nd Post-MD Year	17,700	17,700	17,700	5
3rd Post-MD Year	18,400	18,400	18,400	5
4th Post-MD Year	19,100	19,100	19,100	5
5th Post-MD Year	19,800	19,800	19,800	4
6th Post-MD Year	*	*	*	

*Too few respondents to report data.

Table 33

San Francisco, California: Housestaff Stipends for 1983-84 and 1982-83,
by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Programs
		1983-84		
1st Post-MD Year	$20,322	$16,500	$22,630	6
2nd Post-MD Year	22,545	20,500	24,900	6
3rd Post-MD Year	24,373	22,000	27,150	6
4th Post-MD Year	26,020	23,500	28,950	6
5th Post-MD Year	27,556	25,000	30,500	6
6th Post-MD Year	28,606	*	*	4
		1982-83		
1st Post-MD Year	$19,207	$17,600	$20,640	7
2nd Post-MD Year	21,300	19,500	23,800	7
3rd Post-MD Year	23,093	21,600	26,007	7
4th Post-MD Year	24,676	22,500	27,750	7
5th Post-MD Year	26,182	23,500	29,806	7
6th Post-MD Year	27,095	24,500	30,706	5

*Too few respondents to report data.

Table 54

Seattle, Washington: Housestaff Stipends for 1982-83 and 1981-82, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1982-83		
1st Post-MD Year	$17,190	$17,184	$17,206	4
2nd Post-MD Year	18,220	18,216	18,233	4
3rd Post-MD Year	19,251	19,248	19,260	4
4th Post-MD Year	20,282	20,280	20,287	4
5th Post-MD Year	21,314	21,312	21,314	4
6th Post-MD Year	22,343	22,342	22,344	4
		1981-1982		
1st Post-MD Year	$15,903	$15,726	$16,080	4
2nd Post-MD Year	16,823	16,605	17,040	4
3rd Post-MD Year	17,802	17,604	18,000	4
4th Post-MD Year	18,752	18,543	18,960	4
5th Post-MD Year	19,700	19,479	19,920	4
6th Post-MD Year	20,651	20,421	20,880	4

Table 55

St. Louis, Missouri: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$20,066	$19,788	$20,768	7
2nd Post-MD Year	21,176	20,788	22,385	7
3rd Post-MD Year	22,145	21,816	22,993	7
4th Post-MD Year	23,090	22,500	23,684	7
5th Post-MD Year	24,135	23,000	24,809	7
6th Post-MD Year	25,256	23,500	26,047	7
		1982-83		
1st Post-MD Year	$19,146	$18,936	$19,817	7
2nd Post-MD Year	20,274	20,000	21,342	7
3rd Post-MD Year	21,171	20,952	21,916	7
4th Post-MD Year	22,022	21,500	22,568	7
5th Post-MD Year	22,960	22,000	23,620	7
6th Post-MD Year	24,218	22,500	24,902	7

Table 56

All Other Cities: Housestaff Stipends for 1983-84 and 1982-83, by Year of Training

Year of Training	Mean	Lowest	Highest	Number of Hospitals
		1983-84		
1st Post-MD Year	$19,270	$12,595	$25,251	117
2nd Post-MD Year	20,516	13,239	27,220	117
3rd Post-MD Year	21,651	14,767	30,951	117
4th Post-MD Year	22,759	16,295	33,140	113
5th Post-MD Year	23,860	17,851	35,271	111
6th Post-MD Year	24,761	19,340	37,476	78
		1982-83		
1st Post-MD Year	$18,393	$12,595	$24,216	121
2nd Post-MD Year	19,637	13,239	26,857	121
3rd Post-MD Year	20,730	14,767	29,477	121
4th Post-MD Year	21,810	16,295	31,562	117
5th Post-MD Year	22,914	17,010	32,569	115
6th Post-MD Year	23,769	17,580	35,691	81

CHAPTER II

HOUSESTAFF BENEFITS AND POLICIES

Data on health benefits, housing and meals, vacation time, and other benefits received by housestaff are included on the Annual COTH Survey. In this chapter, these benefits are examined nationally and by region, affiliation relationship, ownership, and bed-size.

HEALTH BENEFITS (Tables 57-62)

The health benefits included in this year's survey are: hospitalization insurance, major medical insurance, dental insurance, drug prescriptions, hospital employee and health service benefits, and psychiatric counseling. Data on most of these benefits have been reported for a number of years in this survey, with the exception of psychiatric counseling benefits which were reported last year for the first time after a several year hiatus.

Hospitalization

The most common health benefit provided to housestaff and their dependents is hospitalization. Ninety-one percent of the respondents provide hospitalization coverage for both housestaff and their dependents, and another 8 percent provide for the housestaff alone. Thus, only one percent of the responding institutions do not provide hospitalization coverage at all. The percentage of COTH member institutions providing this benefit to both housestaff and their dependents has consistently increased over the last few years as shown in the trend analysis. Ten years ago, in the 1973-74 survey, just 67 percent of the responding hospitals paid full hospitalization costs for their residents, and only 62 percent paid for both the residents and their dependents. Some data problems interfered with a proper reporting of hospitalization benefits in the survey five years ago (1978), but in the 1979 survey 83 percent of the respondents reported providing this benefit to both housestaff and their dependents.

When these data on hospitalization benefits are analyzed by geographic regions, virtually no difference exists in the percentage of COTH member institutions providing this benefit to housestaff; however, significantly fewer of the hospitals in the Southern region provide this benefit to both housestaff and dependents than those in the Northeastern or Midwestern regions. Only 77 percent of the Southern hospitals provide hospitalization coverage to both housestaff and dependents while 98 percent of the Midwestern respondents and 92 percent of the Northeastern respondents provided to both residents and their dependents.

When the data are analyzed by affiliation relationship, a smaller percentage of the university-owned facilities provide hospitalization coverage for dependents when compared to the major affiliates and the limited affiliates. As mentioned in the previous chapter, the large

number of university-owned hospitals that are also state-owned hospitals makes it virtually impossible to tell if it is the ownership or the affiliation arrangement which is the key determinant for the provision of health benefits to housestaff. It is clear, from Table 60, that the state-owned institutions less frequently provide hospitalization benefits to both housestaff and dependents. Similarly, fewer Veterans Administration hospitals provide hospitalization for dependents than do municipally-owned, church-owned, or other non-profit hospitals.

While the differences are less marked, it appears that the group of hospitals between 524 and 704 beds provide hospitalization benefits to both housestaff and dependents less frequently than do the hospitals in any other bed-size groupings. The above discussion of those types of hospitals providing certain benefits to housestaff establish a pattern from which the responses seldom deviate; to wit, hospitals in the Southern region, university-owned hospitals, state-owned, Veterans Administration hospitals, and the hospitals between 524 and 704 beds provided health benefits less frequently to both housestaff and dependents than do institutions in any of the other categories. In the following sections on health benefits, observations will be made regarding the number of hospitals providing a health benefit only when it deviates from this customary pattern.

Major Medical

The second most common health benefit is major medical insurance, with 86 percent of the respondents providing it to both housestaff and their dependents and another 10 percent providing it to housestaff alone. In 1973 the major medical insurance benefits was provided to only 34 percent of the housestaff and only 21 percent of both housestaff and their dependents.

A larger percentage of Midwestern COTH members (9 percent) do not provide this benefit than any other group of respondents.

Dental

Sixty-one of this year's respondents reported that they provide dental insurance benefits to both housestaff and dependents, and another 16 percent provide these benefits to the housestaff only. The increase in the number of institutions providing this benefit has been rapid. In 1981, 45 percent of the respondents provided no dental benefits. Last year, 31 percent provided no dental benefits. This year, less than a quarter of the hospitals do not provide some type of dental coverage. Provision of dental coverage varies significantly by region, with 44 percent of those in the Southern region not providing any dental coverage but only 6 percent of those in the Western region not providing this coverage. Similarly, there is wide disparity in the provision of this benefit by affiliation relationship. Thirty-seven percent of the university-owned hospitals do not provide dental services while only 9 percent of those with limited affiliations do not provide dental coverage. Among the various ownership categories, it is the church-owned hospitals that most commonly provide dental benefits with 72 percent of those facilities providing this benefit to both housestaff and dependents and another 16 percent providing it to housestaff alone.

Drug Prescriptions

Nearly three-quarters of the hospitals reported providing drug prescription benefits to both housestaff and dependents, and another 10 percent provided these benefits to the housestaff alone. This is a significant increase in the provision of these benefits over the preceding years. In the 1982-83 survey, only 63 percent provided drug benefits to the housestaff and their dependents and 11 percent provided these benefits to the housestaff. In the 1978-79 survey report, fewer than a third (31.6 percent) provided drug prescription benefits to their housestaff at no cost and another 34.5 percent of the hospital paid a portion of the cost of prescription drugs.

Employee Health Service

Hospital employee health services are defined as health services provided at the hospital to housestaff and/or dependents for free or at a reduced rate. Only 14 percent of the responding hospitals do not provide this benefit at all. More than half (54 percent) make it available to just the housestaff. There's some variation in the provision of this benefit by region of the country. More of the Western region hospitals (23 percent) do not provide this service at all to housestaff or their dependents and nearly two-thirds of the Southern region hospitals provide this benefit only to housestaff.

Psychiatric Counseling

As previously noted, data on psychiatric counseling services provided for housestaff were reported for the first time in several years on last year's housestaff stipend survey. In last year's survey, 42 percent of the respondents reported providing this service. This year, 48 percent report providing counseling. There is significant variation among the regions in the provision of this service. For example, in the Southern region only 27 percent of the hospitals provide counseling benefits while in the Midwest 63 percent provide these benefits.

Amount of Premium Contribution

Another survey item is the amount of premium paid by the hospital for the health insurance benefits of the housestaff. Ten years ago, the 1973-74 housestaff survey found that two-thirds of the responding hospitals provided health insurance benefits at no cost to the housestaff. Over the intervening years, this has increased to where 72 percent of the respondents now indicate that they provide the full cost of the premium for housestaff and 61 percent provide the full cost of the premium for the housestaffs and dependents. The 1973 survey did not distinguish between the provision of health insurance benefits for housestaff and their dependents nor did it distinguish between those hospitals that paid only part of the cost of the premium and those that pay none of the cost of the premium. More recent surveys have made this distinction and it is interesting to note that just two years ago, 12 percent of the hospitals reported not contributing toward the premium cost for dependents while in this year's survey (Table 62) virtually all of the hospitals reported that they contribute to the cost of the premium.

NON-HEALTH BENEFITS (Tables 63 to 72)

The same non-health benefits that were included in last year's survey were included in this year's survey. Those benefits are: life insurance, disability insurance, parking, housing, meals, and vacation time. In addition, this year's survey asked about the amount of seminar time allowed to housestaff. For the first five non-health benefits, participants were asked whether the hospital provided full cost, part of the cost, or none of the cost for these benefits for the first year housestaff. Hospitals were also asked how many weeks of vacation and how many days of seminar time they provided to first year residents.

Parking

As in the past few years' surveys, parking is the most commonly provided non-health benefit. Eighty-nine percent of the hospitals reported that they contributed all or part of the cost of parking for their first year housestaff. Hospitals in the Northeast provided all or part of the cost of parking more commonly than their counterparts in the other areas of the country. Slightly fewer than two-thirds of the university-owned hospitals reported providing some or all of the cost of parking, in constrast to the major affiliates and limited affiliates where 94% of the hospitals subsidized or completely paid for parking.

Life Insurance

The next most commonly provided non-health benefit is life insurance. Eighty percent of the respondents reported subsidizing or paying the complete cost of life insurance for their first year resident. Little variation was noted among the types of hospitals in the provision of this benefit, except that hospitals in the Western region, university-owned hospitals, and state-owned institutions provided this benefit slightly less commonly than their counterparts.

Disability Insurance

Just over half of the respondents reported paying the full cost of disability insurance for the residents, and another 11% subsidized this benefit. The full cost of disability insurance is more commonly paid in Northeastern hospitals than in any other region. Also, disability insurance is more commonly fully paid for by limited affiliate hospitals, where 63 percent provide full cost of this benefit, and by major affiliate hospitals, in which 52 percent said they provided full cost of disability insurance, than in university-owned hospitals in which only slightly over a third paid the full cost.

Housing

Only 7% of the COTH members reported providing the full cost of housing to their housestaff, and another fifth of the respondents reported providing part of the cost for the housing. Limited affiliate hospitals more commonly provide the full cost of housing than any of the other groups. Twenty-eight percent of them provide the full cost and another 31% of the limited affiliates subsidized the housing for their residents.

Meals

This year's question regarding the provision of meals to housestaff was amended slightly from the previous year's survey. Previously, respondents had had difficulty with this question because there was no distinction between the provision of meals when the resident was on call or any time that the resident was working. This year's survey did make that distinction, and the responses are reported in the following categories: meals provided at a reduced cost when the resident is on call, meals provided at no cost when the resident is on call, meals provided at a reduced cost any time the resident is working, meals provided at no cost any time the resident is working, and the residents must pay full cost of the meals. Forty-five percent of the respondents said that the resident must pay full cost for the meals he eats in the hospital. Nearly a third of the hospitals reported that they provide free meals for the resident when he or she is on call. Hospitals in the Northeast and Midwest more commonly provide a subsidy or a free meal to housestaff than their counterparts in the Southern and Western hospitals. Limited affiliate hospitals also provide some sort of subsidy for the meals more commonly than university-owned or major affiliate hospitals. The group of state-owned hospitals is the one which least commonly provides any subsidy for residents' meals.

Vacation

Forty-six percent of the respondents provide two weeks of vacation to their first year housestaff. Just over a third of the respondents provide three weeks of vacation and the remainder provide four weeks or more. More than a third of the Northeastern hospitals provide four weeks or more of vacation to their first year housestaff while only five percent of the Southern hospitals provide this amount of vacation and only 8 percent of the Midwestern hospitals do. These data show only a slight variation from last year's data, suggesting that changes in vacation policy among the members of the Council of Teaching Hospitals have not occurred.

More than half of the respondents (56%) provide three weeks of vacation to their second year housestaff. Two-fifths of the Northeastern hospitals provide four or more weeks of vacation for their second year housestaff, and more than two-fifths of the municipally owned hospitals provide four or more weeks of vacation for these housestaffs.

Seminar Time Allowed

In response to queries from member institutions, this year's survey included a question on additional time allowed for attendance at seminars or other educational events by housestaff.

Three-quarters of the respondents said that they did allow additional time for attendance at seminars. This practice was less common in Southern hospitals than in any other region. It was also more common in the limited affiliate hospitals and less common in those that are university-owned. Those who stated they allowed additional time for seminar attendance were then asked to specify how much additional time was allowed. Many of the respondents answered in ways that can't be described analytically. For example, they said that they allowed whatever time was necessary for the seminar or the amount of time allowed was left up to the discretion of the Department chairman or chief. Of those who did specify the amount of time allowed, a large majority (72%) said that they allowed five days, or approximately the equivalent of one work week for attendance at seminars. Twenty percent said that they allowed more than five days for seminar attendance. While the university-owned hospitals less commonly allowed housestaff additional time for seminars, those that did allow additional time more commonly allowed more than five days than their counterpart institutions.

POLICIES ON RESIDENT MOONLIGHTING (Tables 74-75)

This year's survey asked if the hospital has a policy on resident moonlighting, and if so, what that policy is. This question was of particular interest due to a recent change in the General Essentials of Accredited Residencies in which the Accreditation Council on Graduate Medical Education (ACGME) urged hospitals to specify policies on "practice privileges and other activities outside the educational program" in the resident's contract. Two-hundred and ninety of the survey participants responded to this question. Just over half of these respondents (51%) stated that they have a "moonlighting" policy and the other 49 percent had not yet established one.

A far greater percentage of the limited affiliates (70%) reported having a moonlighting policy than either the major affiliates, where only half had a policy, or the university-owned, of which 43 percent stated they had a policy. Only 42 percent of the Southern respondents had a policy while 51 percent of those in the Northeast, 55 percent of those in the West, and 57 percent of the Midwestern hospitals had one.

Out of the 51 percent (150 respondents) who stated that they had a policy, 98 indicated what that policy was by either summarizing it on the survey instrument or appending it to the questionnaire. These policies were classified into three categories: (1) do not allow moonlighting, (2) allow limited moonlighting, and (3) allow moonlighting. Hospitals classified as not allowing moonlighting either stated that they did not allow it under any circumstances or that they vehemently discourage it and allow it only on a occasional basis to enhance the education of a particular resident who had received prior approval from the dean, department chairman, or some other official. Hospitals in the "allow limited moonlighting" category set some constraint on the amount of time a resident could spend in outside employment (e.g., no more than 24 hours per month). Hospitals classified as "allowing moonlighting" frequently said it was allowed only

with the prior approval of some official, such as the dean or department chairman, and only if it did not interfer with the resident performance of his or her assigned duties.

Table 75 shows the responses by region of the country. As can be seen from these responses, the Northeast and Midwest are more restrictive in their moonlighting policy than the West or South. In the Midwest only 47 percent (16 out of 34) allowed moonlighting without limitation while in the Northeast only 52 percent (20 out of 38) did so. However, unlimited moonlighting was allowed by 10 out of 12 (83%) of the hospitals in the Western region and by 11 out of 14 (79%) of those in the Midwest.

ENCOURAGEMENT OF COST CONSCIOUS BEHAVIOR BY RESIDENTS

A topic of discussion at AAMC seminars this past summer has been how resident behavior can be modified to encourage cost efficient use of hospital resources. So that more can be learned about this subject, this year's housestaff stipend survey asked what actions each of the responding institutions had taken in order to promote cost conscious behavior by residents.

Two hundred forty-three hospitals answered this question, of which 31 said they had no on-going efforts to promote cost conscious behavior among residents. Another 14 hospitals said that they were planning such a program and the remaining 199 hospitals reported something about their current activities. Many of these responding hospitals discussed articles that they had found helpful in promoting cost conscious behavior. The bibliography in Appendix D lists these articles.

One response to this issue has been to attempt to make residents and other physicians aware of the charges for medical care to the patient. This is done under the assumption that once aware of the charges, the physicians will be more conservative in their use of ancilliary services and other hospital resources. Eisenberg and Williams reported that few physicians are aware of the charges for particular services.* They cited:

> o A 1976 survey at the Medical College of Ohio which found that the housestaff knew the charges for approximately 30 percent of procedures such as laboratory tests and x-ray examinations;
>
> o a 1979 article which reported that only 2 percent of the housestaff at the University of Miami knew more than 50 percent of the correct charges for medical services; and
>
> o a 1979 study at Cornell Medical Center showing that only about a quarter of the housestaff knew the charge for an electrolyte profile.

In an effort to increase housestaff awareness of the charges for care, 40 of the reporting institutions made lists of their charges readily available to their residents. Twenty-nine of these

*Eisenburg, J. M., and Williams, S. V. Cost Containment and Changing Physicians Practice Behavior: Can the Fox Learn to Guard the Chicken Coop? JAMA 1981; 2462195-2201.

40 reported giving the housestaff booklets or other documents containing common hospital tests and procedures and their charges. One hospital had even had some of these charges put on a wallet size card for the convenient reference of the housestaff. Nine of the respondents specifically mentioned that their housestaff were given lists of laboratory charges, four specified radiology, and six specified the pharmacy. One hospital noted that it had printed the charges for services on its order forms. Eight of these hospitals said they made this information available to the residents through the use of posters in the appropriate units, and five hospitals reported that they posted the charge for these services in the chart along with the results of the test ordered.

Other efforts have been made by the hospitals to use printed materials to educate housestaff on this issue. They include the distribution of periodic memoranda by six of the responding hospitals. These memoranda suggest specific cost cutting actions to be taken. Eight of the responding institutions distributed relevant articles and texts of speeches. Seven respondents reported including a statement addressing the need for cost containment in the housestaff manual.

One of the most common methods of increasing the housestaff awareness of the need for cost containment and constraint in the use of hospital resources is through meetings, according to the responses received. Thirty of the respondents devoted part of their housestaff orientation meeting(s) to a discussion of cost containment. Sixty-two of the hospitals held seminars or meetings on an infrequent basis. Among the topics mentioned for these special sessions were diagnosis related groups (9 institutions), the Tax Equity and Fiscal Responsibility Act (8 institutions), overuse of laboratory services (2 institutions), overuse of radiology services (3 institutions), and the appropriate use of pharmaceuticals (5 institutions). Twenty-one other hospitals reported having frequent meetings for the housestaff and/or the entire medical staff to address cost containment. These meetings included such events as noon conferences and other, less formal gatherings. At 23 of the hospitals, individual departments had held programs or meetings to deal specifically with cost containment issues of importance to the department.

Additionally, many hospitals reported attempting to incorporate cost consciousness into the normal education process for residents. Forty-two hospitals responded that they had incorporated the subject into either grand rounds or the normal teaching rounds. Many of these hospitals said that a hospital administrator or financial person presented the economic facts of a particular patient's case either in conjunction with or in lieu of the normal medical presentation. Eight of the hospitals reported that during the course of teaching rounds, it was the responsibility of the residents to review and report on the costs for various types of tests that might be used to diagnose or treat the patient's illness, and to include these considerations in their assessment of the proper course of treatment.

Some responding hospitals also suggested some organizational approaches to raising concerns about cost consciousness. One of these approaches has been to establish cost containment committees or to work within committees already established within the structure of the medical staff. Twenty-nine hospitals reported that they had formed or used committees. In most instances, the responding hospitals said that one or perhaps two residents were invited to sit

on those committees and were then expected to disseminate the information to their fellow residents.

Fifteen hospitals responded that the departmental directors or program directors for the residents were responsible for teaching cost containment. Three hospitals offered the explanation that they gave the patients' bills to the department chief who was then responsible for reviewing the bills and assessing the cost effectiveness of the resident's treatment of that case. In ten hospitals, the attending physicians were held similarily responsible for examining patient bills and reviewing the resident's performance.

Finally, some of the responding hospitals described some specific actions they had taken to curtail the unnecessary use of ancillary services and other hospital resources. These specific actions include:

o 12 hospitals said they required prior review of certain orders for tests. Most commonly (in 6 of the 12 cases) the hospitals required prior review of pharmaceuticals by the department head or a senior physician. Three of the hospitals required prior review of laboratory orders by a pathologist;

o another hospital had established guidelines for the use of antibiotics by physicians;

o one institution reported it questioned OD orders after the third day.

A few hospitals reported using more unusual techniques. One stated that it administered quizzes to the residents. These quizzes included questions about the charges for specific tests, as well as a set of true/false statements that contain information about costs, charges, and other financial matters which are frequently misunderstood. Another hospital said that its most effective educational tool was a study it performed in which it compared cost for "specific disease entities" among patients worked up by residents over a five year period. Similarly, another hospital reported generating data which compared each physician's performance on a cost per diagnosis related group (DRG) basis. This data was distributed to the department chiefs. Another hospital stated that it generated computer reports comparing ancillary service use by physician.

In addition to these activities undertaken, six of the COTH member hospitals responded that they had ongoing research into methods of eliciting cost containment behavior through specific behavior modification techniques. These research projects are being funded by the federal government, private foundations, Blue Cross/Blue Shield, and the by the hospitals themselves.

Table 57

Health Benefits Provided to

Housestaff and Dependents, Nationwide

1983-84

Benefit	Benefit for	Number of Hospitals	Percentage
Hospitalization	Housestaff and Dependents	261	91%
	Housestaff Only	24	8
	Not Provided	3	1
	TOTAL	288	100%
Major Medical	Housestaff and Dependents	247	86%
	Housestaff Only	28	10
	Dependents Only	0	0
	Not Provided	12	4
	TOTAL	287	100%
Dental	Housestaff and Dependents	160	61%
	Housestaff Only	41	16
	Dependents Only	0	0
	Not Provided	62	24
	TOTAL	263	100%
Drug Prescriptions	Housestaff and Dependents	194	73%
	Housestaff Only	27	10
	Not Provided	44	17
	TOTAL	265	100%
Hospital Employee Health Service	Housestaff and Dependents	84	31%
	Housestaff Only	146	54
	Not Provided	39	14
	TOTAL	269	100%
Psychiatric Counseling	Housestaff	141	48%
	Not Provided	153	52
	TOTAL	294	100%

Table 16

Health Benefits Provided to

Household and Dependents, By Geographic Region

1993-94

Benefit	Benefit for	Geographic Region				
		[illegible]	Southern	[illegible]	Western	[illegible]
Hospitalization	Household and Dependents	93%	77%	94%	89%	91%
	Household Only	7	21	5	10	8
	Not Provided	1	2	1	1	1
	TOTAL	100%	100%	100%	100%	100%
Major Medical	Household and Dependents	89%	77%	89%	89%	89%
	Household Only	10	21	7	11	10
	Not Provided	1	2	4	1	1
	TOTAL	100%	100%	100%	100%	100%
Dental	Household and Dependents	44%	31%	41%	51%	41%
	Household Only	17	20	13	13	16
	Not Provided	39	49	46	36	43
	TOTAL	100%	100%	100%	100%	100%
Drug Prescriptions	Household and Dependents	76%	63%	75%	76%	73%
	Household Only	12	13	9	13	13
	Not Provided	11	23	15	9	13
	TOTAL	100%	100%	100%	100%	100%
Hospital Employee Health Service	Household and Dependents	33%	19%	36%	35%	31%
	Household Only	58	66	48	40	54
	Not Provided	11	15	16	25	15
	TOTAL	100%	100%	100%	100%	100%
Psychiatric Counseling	Household	47%	27%	43%	55%	44%
	Not Provided	53	73	57	45	56
	TOTAL	100%	100%	100%	100%	100%

Table 39

Health Benefits Provided to

Housestaff and Dependents, By Affiliation Relationship

1983-84

Benefit	Benefit for	Affiliation Relationship: University-Owned (N=45)	Major Affiliate (N=204)	Limited Affiliate (N=34)	Nationwide (N=288)
Hospitalization	Housestaff and Dependents	84%	92%	91%	91%
	Housestaff Only	16	7	9	8
	Not Provided	0	1	0	1
	TOTAL	100%	100%	100%	100%
Major Medical	Housestaff and Dependents	84%	86%	88%	86%
	Housestaff Only	16	9	9	10
	Not Provided	0	5	3	4
	TOTAL	100%	100%	100%	100%
Dental	Housestaff and Dependents	49%	60%	73%	61%
	Housestaff Only	14	16	18	16
	Not Provided	37	24	9	24
	TOTAL	100%	100%	100%	100%
Drug Prescriptions	Housestaff and Dependents	69%	73%	73%	73%
	Housestaff Only	15	9	15	10
	Not Provided	15	18	12	17
	TOTAL	100%	100%	100%	100%
Hospital Employee Health Service	Housestaff and Dependents	23%	31%	42%	31%
	Housestaff Only	62	54	45	54
	Not Provided	15	15	12	14
	TOTAL	100%	100%	100%	100%
Psychiatric Counseling	Housestaff	53%	44%	57%	48%
	Not Provided	45	56	43	52
	TOTAL	100%	100%	100%	100%

Table 60
Health Benefits Provided to Housestaff and Dependents, By Hospital Ownership

Benefit	Benefit for	State-Owned (N=31)	Municipally-Owned (N=22)	Church-Owned (N=34)	Other Nonprofit (N=152)	Veterans Administrations (N=49)	Nationwide (N=288)
Hospitalization	Housestaff and Dependents	77%	95%	94%	95%	82%	91%
	Housestaff Only	23	5	6	5	12	8
	Not Provided	0	0	0	0	6	1
	TOTAL	100%	100%	100%	100%	100%	100%
Major Medical	Housestaff and Dependents	77%	90%	88%	89%	80%	86%
	Housestaff Only	23	5	9	7	14	10
	Not Provided	0	5	3	5	6	4
	TOTAL	100%	100%	100%	100%	100%	100%
Dental	Housestaff and Dependents	43%	72%	72%	61%	57%	61%
	Housestaff Only	13	0	16	18	15	16
	Not Provided	43	28	13	21	28	24
	TOTAL	100%	100%	100%	100%	100%	100%
Drug Prescriptions	Housestaff and Dependents	62%	75%	75%	77%	66%	73%
	Housestaff Only	19	0	13	9	11	10
	Not Provided	19	25	13	14	23	17
	TOTAL	100%	100%	100%	100%	100%	100%
Hospital Employee Health Service	Housestaff and Dependents	26%	21%	27%	36%	25%	31%
	Housestaff Only	52	58	58	53	55	54
	Not Provided	22	21	15	10	20	14
	TOTAL	100%	100%	100%	100%	100%	100%
Psychiatric Counseling	Housestaff	47%	52%	59%	51%	33%	48%
	Not Provided	53	48	41	49	67	52
	TOTAL	100%	100%	100%	100%	100%	100%

Table 61

Health Benefits Provided to

Housestaff and Dependents, By Hospital Bed Size

1983-84

Benefit	Benefit for	Hospital Bed Size: 384 or Fewer (N=68)	385-523 (N=83)	524-704 (N=65)	704 or More (N=72)	Nationwide (N=288)
Hospitalization	Housestaff and Dependents	91%	94%	88%	89%	91%
	Housestaff Only	9	6	9	10	8
	Not Provided	0	0	3	1	1
	TOTAL	100%	100%	100%	100%	100%
Major Medical	Housestaff and Dependents	88%	89%	82%	85%	86%
	Housestaff Only	9	8	12	10	10
	Not Provided	3	2	6	6	4
	TOTAL	100%	100%	100%	100%	100%
Dental	Housestaff and Dependents	53%	69%	58%	61%	61%
	Housestaff Only	10	14	25	14	16
	Not Provided	37	18	17	25	24
	TOTAL	100%	100%	100%	100%	100%
Drug Prescriptions	Housestaff and Dependents	76%	72%	75%	70%	73%
	Housestaff Only	13	6	9	13	10
	Not Provided	11	22	16	16	17
	TOTAL	100%	100%	100%	100%	100%
Hospital Employee Health Service	Housestaff and Dependents	33%	31%	34%	27%	31%
	Housestaff Only	47	55	56	59	54
	Not Provided	20	15	10	14	14
	TOTAL	100%	100%	100%	100%	100%
Psychiatric Counseling	Housestaff	44%	44%	58%	47%	48%
	Not Provided	56	56	42	53	52
	TOTAL	100%	100%	100%	100%	100%

Table 62

Hospital Contribution to Health Insurance Premium

for Housestaff and Dependents

1983-84

	Housestaff			Dependents		
	Percentage of Hospitals Contributing					
	Full Cost of Premium	Part of Cost	None of Cost	Full Cost of Premium	Part of Cost	None of Cost
Nationwide (N=294)	72%	26%	2%	61%	30%	9%
Geographic Region						
Northeastern (N=120)	77	21	2	71	22	7
Southern (N=51)	65	35	0	36	40	24
Midwestern (N=84)	75	24	1	61	44	15
Western (N=39)	64	31	5	61	26	13
Affiliation Relationship						
University-Owned (N=43)	67	31	2	46	39	15
Major Affiliate (N=211)	69	29	2	61	24	15
Limited Affiliate (N=35)	97	3	0	78	13	9
Hospital Ownership						
State-Owned (N=29)	66	34	0	43	39	18
Municipally-Owned (N=21)	81	19	0	56	25	9
Church-Owned (N=34)	91	9	0	74	17	9
Other, Nonprofit (N=152)	82	15	3	73	23	4
Veterans Administration (N=57)	35	63	2	24	57	19
Hospital Bed Size						
384 or Fewer (N=73)	67	30	3	54	3639	10
385-523 (N=82)	78	20	2	68	24	8
524-704 (N=66)	82	16	2	68	24	8
705 or More (N=73)	63	37	0	51	39	11

Table 63

Non-Health Benefits Provided to

First Year Housestaff, Nationwide

1983-84

Benefit	Hospital Contributes	Number of Hospitals	Percentage
Life Insurance	Full Cost	189	64%
	Part of Cost	47	16
	None of Cost	59	20
	TOTAL	295	100%
Disability	Full Cost	144	52%
	Part of Cost	30	11
	None of Cost	105	38
	TOTAL	279	100%
Parking	Full Cost	211	72%
	Part of Cost	50	17
	None of Cost	31	11
	TOTAL	292	100%
Housing	Full Cost	18	7%
	Part of Cost	56	20
	None of Cost	202	73
	TOTAL	276	100%

Table 64

Non-Health Benefits Provided to First Year Housestaff,

By Geographic Region

1983-84

Benefit	Hospital Contributes	Geographic Region: Northeastern (N=119)	Southern (N=55)	Midwestern (N=83)	Western (N=38)	Nationwide (N=295)
Life Insurance	Full Cost	71%	56%	66%	50%	64%
	Part of Cost	12	24	13	24	16
	None of Cost	18	20	21	26	20
	TOTAL	100%	100%	100%	100%	100%
Disability	Full Cost	58%	44%	50%	44%	52%
	Part of Cost	10	11	10	15	11
	None of Cost	32	44	40	41	38
	TOTAL	100%	100%	100%	100%	100%
Parking	Full Cost	70%	70%	80%	66%	72%
	Part of Cost	24	18	10	11	17
	None of Cost	5	13	11	24	11
	TOTAL	100%	100%	100%	100%	100%
Housing	Full Cost	8%	4%	7%	5%	7%
	Part of Cost	30	6	21	14	20
	None of Cost	62	91	72	81	73
	TOTAL	100%	100%	100%	100%	100%

Table 65

Non-Health Benefits Provided to First Year Housestaff,

By Affiliation Relationship

1983-84

Benefit	Hospital Contributes	Affiliation Relationship: University-Owned (N=46)	Major Affiliate (N=209)	Limited Affiliate (N=35)	Nationwide (N=295)
Life Insurance	Full Cost	57%	64%	71%	64%
	Part of Cost	17	18	6	16
	None of Cost	26	18	23	20
	TOTAL	100%	100%	100%	100%
Disability	Full Cost	36%	52%	63%	52%
	Part of Cost	22	9	9	11
	None of Cost	42	39	28	38
	TOTAL	100%	100%	100%	100%
Parking	Full Cost	39%	79%	79%	72%
	Part of Cost	24	16	15	17
	None of Cost	37	6	6	11
	TOTAL	100%	100%	100%	100%
Housing	Full Cost	7%	3%	28%	7%
	Part of Cost	7	21	31	20
	None of Cost	87	76	40	73
	TOTAL	100%	100%	100%	100%

Table 66

Non-Health Benefits Provided to First Year Housestaff,

By Hospital Ownership

Benefit	Hospital Contributes	Hospital Ownership: State-Owned (N=32)	Municipally-Owned (N=20)	Church-Owned (N=34)	Other Nonprofit (N=149)	Veterans Administrations (N=60)	Nationwide (N=295)
Life Insurance	Full Cost	50%	65%	77%	81%	23%	64%
	Part of Cost	22	0	6	4	53	16
	None of Cost	28	35	18	15	23	20
	TOTAL	100%	100%	100%	100%	100%	100%
Disability	Full Cost	22%	42%	66%	65%	30%	52%
	Part of Cost	25	0	7	11	9	11
	None of Cost	53	58	28	25	61	38
	TOTAL	100%	100%	100%	100%	100%	100%
Parking	Full Cost	44%	73%	88%	69%	88%	72%
	Part of Cost	19	23	9	24	2	17
	None of Cost	38	5	3	7	10	11
	TOTAL	100%	100%	100%	100%	100%	100%
Housing	Full Cost	6%	5%	3%	10%	0%	7%
	Part of Cost	3	19	38	25	9	20
	None of Cost	91	76	59	65	91	73
	TOTAL	100%	100%	100%	100%	100%	100%

Table 67

Non-Health Benefits Provided to First Year Housestaff,

By Hospital Bed Size

1983-84

Benefit	Hospital Provides	Hospital Bed Size: 384 or Fewer (N=73)	385-523 (N=82)	524-704 (N=68)	704 or More (N=72)	Nationwide (N=295)
Life Insurance	Full Cost	60%	73%	66%	56%	64%
	Part of Cost	16	10	12	26	16
	None of Cost	23	17	22	18	20
	TOTAL	100%	100%	100%	100%	100%
Disability	Full Cost	54%	52%	53%	48%	52%
	Part of Cost	16	6	13	9	11
	None of Cost	30	42	34	43	38
	TOTAL	100%	100%	100%	100%	100%
Parking	Full Cost	67%	65%	82%	76%	72%
	Part of Cost	16	22	13	17	17
	None of Cost	17	13	4	7	11
	TOTAL	100%	100%	100%	100%	100%
Housing	Full Cost	3%	9%	6%	7%	7%
	Part of Cost	13	20	26	22	20
	None of Cost	84	71	68	70	73
	TOTAL	100%	100%	100%	100%	100%

Table 68

Non-Health Benefits: Provision of Meals

1983-84

		ON CALL		WHEN WORKING	
	Full Cost	Reduced	No Cost	Reduced	No Cost
Nationwide (N=165)	44.54%	7.58%	30.30%	13.33%	4.24%
Geographic Region					
Northeastern (N=63)	37.30	9.52	29.37	18.25	5.56
Southern (N=35)	52.86	4.29	31.43	10.00	1.43
Midwestern (N=43)	39.86	8.14	34.88	13.95	3.49
Western (N=24)	60.41	6.25	22.92	4.17	6.25
Affiliation					
University (N=29)	55.18	12.07	22.41	8.62	1.72
Major (N=116)	46.55	5.60	31.90	13.79	2.16
Limited (N=18)	19.45	11.11	33.33	16.67	19.44
Hospital Ownership					
State (N=18)	64.09	13.89	13.89	8.33	0.00
Municipal (N=13)	34.62	15.39	23.08	19.23	7.70
Church (N=15)	26.66	16.67	20.00	36.67	0.00
Other (N=79)	38.61	6.33	32.91	15.82	6.33
Veterans Administration (N=40)	57.60	1.25	38.75	0.00	2.50
Hospital Bed Size					
384 or Fewer (N=41)	51.23	6.10	30.49	6.10	6.10
385-523 (N=47)	37.23	8.51	32.98	19.15	2.13
524-704 (N=36)	38.89	8.33	31.94	15.28	5.56
705 or More (N=41)	51.22	7.32	25.61	12.20	3.66

Table 69

Annual Vacation Provided to First Year Housestaff

1983-84

	Two Weeks	Three Weeks	Four Weeks or More	Total
Nationwide (N=299)	46%	34%	19%	100%
Geographic Region				
Northeastern (N=118)	37	27	36	100
Southern (N=58)	60	35	5	100
Midwestern (N=84)	49	43	8	100
Western (N=39)	46	33	21	100
Affiliation Relationship				
University-Owned (N=44)	41	46	14	100
Major Affiliate (N=215)	47	31	22	100
Limited Affiliate (N=35)	54	37	9	100
Hospital Ownership				
State-Owned (N=32)	47	34	19	100
Municipally-Owned (N=21)	52	14	33	100
Church-Owned (N=34)	50	32	18	100
Other, Nonprofit (N=147)	42	41	16	100
Veterans Administration (N=64)	52	22	27	100
Hospital Bed Size				
384 or Fewer (N=75)	48	39	13	100
385-523 (N=83)	53	29	18	100
524-704 (N=66)	47	35	19	100
705 or More (N=75)	36	33	31	100

Table 70

Annual Vacation Provided to Second Year Housestaff

1983-84

	Two Weeks	Three Weeks	Four Weeks or More	Total
Nationwide (N=296)	17%	56%	27%	100%
Geographic Region				
Northeastern (N=116)	15	46	40	100
Southern (N=57)	25	56	19	100
Midwestern (N=85)	13	67	20	100
Western (N=38)	18	61	21	100
Affiliation Relationship				
University-Owned (N=44)	21	59	20	100
Major Affiliate (N=214)	15	55	31	100
Limited Affiliate (N=34)	27	59	15	100
Hospital Ownership				
State-Owned (N=32)	25	50	25	100
Municipally-Owned (N=21)	29	29	43	100
Church-Owned (N=34)	15	62	24	100
Other, Nonprofit (N=145)	14	62	24	100
Veterans Administration (N=63)	16	49	35	100
Hospital Bed Size				
384 or Fewer (N=75)	15	67	19	100
385-523 (N=81)	17	58	24	100
524-704 (N=65)	20	52	29	100
705 or More (N=75)	15	45	39	100

Table 71

Hospitals Allowing Additional Time Off for Seminars

1983-84

	Time Allowed	No Time Allowed	Total
Nationwide (N=288)	76%	24%	100%
Geographic Region			
Northeastern (N=112)	78	22	100
Southern (N=57)	68	32	100
Midwestern (N=84)	80	20	100
Western (N=35)	77	23	100
Affiliation Relationship			
University-Owned (N=40)	70	30	100
Major Affiliate (N=210)	75	25	100
Limited Affiliate (N=33)	91	9	100
Hospital Ownership			
State-Owned (N=31)	68	32	100
Municipally-Owned (N=22)	82	18	100
Church-Owned (N=31)	87	13	100
Other, Nonprofit (N=141)	84	16	100
Veterans Administration (N=62)	57	44	100
Hospital Bed Size			
384 or Fewer (N=71)	79	21	100
385-523 (N=82)	78	22	100
524-704 (N=61)	85	15	100
705 or More (N=74)	65	35	100

Table 72

Time Allotted House Officers for Attending Services

1983-84

	Less than 2 days	2 days	More than 2 days	Total
Total	6%	71%	24%	100%
Geographic Region				
Northeastern (N=26)	8	81	12	100
Southern (N=23)	13	70	17	100
Midwestern (N=44)	13	66	21	100
Western (N=14)	13	66	21	100
Affiliation Relationship				
University-Owned (N=13)	8	69	23	100
Major Affiliate (N=55)	9	73	18	100
Limited Affiliate (N=17)	18	65	17	100
Hospital Ownership				
State-Owned (N=7)	0	57	43	100
Municipally-Owned (N=6)	0	83	17	100
Church-Owned (N=18)	6	83	11	100
Other, Nonprofit (N=71)	8	75	18	100
Veterans Administration (N=13)	8	69	38	100
Hospital Bed Size				
299 or Fewer (N=29)	17	69	14	100
300 - 599 (N=34)	6	79	15	100
600 - 799 (N=24)	4	79	17	100
800 or More (N=16)	6	88	6	100

Table 73

Hospitals Increasing Benefits for Second Year Housestaff

1983-84

	% Answering Yes	% Answering No
Nationwide (N=303)	12%	88%
Geographic Region		
Northeastern (N=121)	12	88
Southern (N=59)	15	85
Midwestern (N=84)	14	86
Western (N=39)	5	95
Affiliation Relationship		
University-Owned (N=46)	13	87
Major Affiliate (N=217)	13	87
Limited Affiliate (N=35)	9	91
Hospital Ownership		
State-Owned (N=32)	13	88
Municipally-Owned (N=22)	9	91
Church-Owned (N=33)	9	91
Other, Nonprofit (N=152)	12	88
Veterans Administration (N=64)	16	84
Hospital Bed Size		
384 or Fewer (N=74)	18	82
385-523 (N=85)	9	91
524-704 (N=69)	12	88
705 or More (N=75)	11	89

Table 74

Hospitals with Moonlighting Policy

1983-84

	Have Policy	Do Not Have Policy
Nationwide (N=290)	51%	49%
Geographic Region		
Northeastern (N=114)	51	49
Southern (N=55)	42	58
Midwestern (N=83)	57	43
Western (N=38)	55	45
Affiliation Relationship		
University-Owned (N=44)	43	57
Major Affiliate (N=208)	50	50
Limited Affiliate (N=33)	70	30
Hospital Ownership		
State-Owned (N=31)	45	55
Municipally-Owned (N=19)	58	42
Church-Owned (N=32)	59	41
Other, Nonprofit (N=145)	51	49
Veterans Administration (N=62)	51	48

Table 75

POLICY ON
RESIDENT MOONLIGHTING
from 1983-84 Survey

Policy	REGION				TOTAL
	Northeast	South	Midwest	West	
Allow Moonlighting	20	11	16	10	57
Allow Limited Moonlighting	3	--	6	--	9
Do Not Allow Moonlighting	15	3	12	2	32
TOTAL	38	14	34	12	98

CHAPTER III

SOURCES OF FUNDING FOR HOUSESTAFF

HOSPITAL EXPENDITURES (Tables 76-80)

Every year, hospitals are asked to report the total amount spent on housestaff stipends and benefits, and to indicate from what sources those funds were derived. Average expenditure on residency and clinical fellowship programs are expressed both in gross dollar values (Tables 76-77) and as a percentage of total hospital expenditures (Table 78). This year, the respondents spend an average of $3,203,953 on residency programs. Last year, the average expenditure was $3,097,107, meaning that this year's figure is 3.4 percent higher.

Last year respondents reported spending an average of $484,573 for clinical fellows programs. This year's average expenditure is 444,818. For both the residency and clinical fellows program figures, the survey does not asked for numbers of full time equivalents (FTE) by year of training; thus, it cannot be determined how much of the increase in expenditure is due to the changing levels of benefits and stipends, and how much is due to the different numbers of residents and fellows in the more advanced years of training.

Tables 79 and 80 show the mean and median ratios of expenditures on fringe benefits to expenditures on stipends. This fraction also is referred to as the fringe rate. The data show university-owned, state-owned, and Veterans Administration hospitals have relatively smaller fringe rates than do other COTH member hospitals.

SOURCES OF FUNDING (Tables 81-89)

An average of 83.09% of the funding for residents' stipends and benefits is obtained from patient revenues, according to this year's survey. This is the largest percentage of funds to be derived from patient revenues in any year since the housestaff survey began reporting the data.

This year, 62.56% of the funding for clinical fellows stipends were reported as coming from patient revenues. This is slightly less than last year's survey, where 64.1% of the clinical fellows funding came from patient revenues.

University-owned teaching hospitals placed a greater allowance on state appropriations that are earmarked for housestaff expenses, deriving more than 13% of the funding for residents' stipends and benefits and nearly three and a half percent of the clinical fellows funding from

that source. This allows them to place less reliance on patient revenues and general operating appropriations. Conversely, limited affiliates derived nearly all of the funding for residents and clinical fellows from patient revenues. They receive 97.89% of the residents' funding and 93.08% of the clinical fellows funding from that source and less than 1 percent of the necessary funds for either residents or fellows from state appropriations.

State-owned institutions obtained only slightly more than half of their resident's funding from patient revenues. Almost 23% of their funding comes from state appropriations and other small but significant portions from Veterans Administration appropriations, medical schools or university's funds, or other sources. The state-owned hospitals also obtained a very small percentage of the funding for their clinical fellows from patient revenues and general operating appropriations (18.86%). Nearly 22% of the clinical fellows funding in these hospitals come from the medical school or university funds, nearly 19% from National Institutes of Health (NIH) and eleven and a half percent of the funds come from the Veterans Administration appropriations.

Table 76

Average Expenditures for Residents' Stipends and Fringe Benefits
1982-1983

	Number of Hospitals	Expenditures for Residents' Stipends & Fringe Benefits	
		Mean	Median
All Responding Hospitals	277	$3,203,953	$2,582,924
Geographic Region			
Northeastern	118	3,261,467	2,360,000
Southern	52	2,962,772	2,301,030
Midwestern	74	2.788.450	1,953,465
Western	39	3.358,954	3,020,000
Affiliation Relationship			
University-Owned	43	5.170.325	5,096.092
Major Affiliate	204	3,321,240	2,209,885
Limited Affiliate	33	1,894,650	1,642,000
Hospital Ownership			
State-Owned	28	5,985,113	5,072,352
Municipally-Owned	20	4,971,974	5,335,662
Church-Owned	30	2,940.424	2,154,600
Other, Nonprofit	132	3,034,273	1,943,000
Veterans Administration	64	2,228,203	1,765,385
Hospital Bed Size			
384 or Fewer	65	3,099,806	1,551,520
385 - 523	74	2,604,921	2,123,789
524 - 704	67	3,019,378	2,211,450
705 or More	71	5,180,846	4,144,406

Table 77

Average Expenditures for Clinical Fellows' Stipends and Fringe Benefits
1982 - 1983

	Number of Hospitals	Expenditures for Residents' Stipends & Fringe Benefits	
		Mean	Median
All Responding Hospitals	137	$444,818	$296,195
Geographic Region			
Northeastern	68	479,795	276,093
Southern	20	326,884	226,762
Midwestern	34	353,894	200,053
Western	19	568,059	329,050
Affiliation Relationship			
University-Owned	21	679,928	610,173
Major Affiliate	97	432,900	267,290
Limited Affiliate	19	260,851	143,000
Hospital Ownership			
State-Owned	12	664,908	697,201
Municipally-Owned	9	533,398	501,458
Church-Owned	18	178,044	143,000
Other, Nonprofit	73	486,266	245,700
Veterans Administration	21	310,217	283,081
Hospital Bed Size			
384 or Fewer	34	512,143	212,400
385 - 523	39	297,727	245,700
524 - 704	32	359,595	276,093
705 or More	32	637,773	353,809

Table 78

Residents' Stipends and Benefits as a Percentage of

Hospital's Total Operating Budget, 1983-84

	Number of Hospitals	Percentage of Hospital Budget			
		25th Percentile	Median	Mean	75th Percentile
All Responding Hospitals	273	2.0	3.0	4.1	5.0
Geographic Region					
Northeastern	113	2.0	3.0	3.8	5.0
Southern	50	3.0	4.0	4.4	5.0
Midwestern	72	2.0	3.0	3.4	4.0
Western	37	2.0	3.0	3.6	4.0
Affiliation Relationship					
University-Owned	41	4.0	5.0	5.1	6.0
Major Affiliate	195	2.0	3.0	3.6	4.0
Limited Affiliate	32	2.0	2.0	3.3	3.0
Hospital Ownership					
State-Owned	29	4.0	5.0	5.8	7.0
Municipally-Owned	20	3.0	5.0	4.9	6.0
Church-Owned	33	2.0	2.0	3.0	3.0
Other, Nonprofit	127	2.0	3.0	3.3	4.0
Veterans Administration	62	3.0	4.0	3.8	5.0
Hospital Bed Size					
384 or Fewer	66	2.0	3.0	3.8	5.0
385-523	70	2.0	4.0	4.0	5.0
524-704	65	2.0	3.0	3.5	4.0
705 or More	71	2.0	4.0	3.9	5.0

Table 79

Ratio of Expenditures on Fringes to Stipends for Residents

	Number of Hospitals	Mean	Median
Nationwide	269	.153	.1500
Geographic Region			
Northeastern	116	.171	.1700
Southern	52	.134	.1200
Midwestern	73	.160	.1500
Western	36	.150	.1416
Affiliation			
University	43	.146	.1337
Major	196	.158	.1500
Limited	33	.168	.1550
Hospital Ownership			
State	30	.127	.1236
Municipal	19	.169	.1429
Church	30	.177	.1600
Other	129	.184	.1802
Veterans Administratio	61	.105	.1000
Hospital Bed Size			
384 or Fewer	63	.142	.1480
385-523	71	.164	.1600
524-704	67	.171	.1600
705 or More	68	.154	.1327

Table 80

Ratio of Expenditures on Fringes to Stipends for Fellows

	Number of Hospitals	Mean	Median
Nationwide	129	.160	.1588
Geographic Region			
Northeastern	66	.166	.1700
Southern	17	.136	.1364
Midwestern	33	.157	.1599
Western	17	.152	.1439
Affiliation			
University	18	.137	.1364
Major	92	.158	.1600
Limited	18	.169	.1791
Hospital Ownership			
State	13	.130	.1267
Municipal	9	.161	.1500
Church	18	.151	.1500
Other	69	.177	.1800
Veterans Administratio	20	.116	.1030
Hospital Bed Size			
384 or Fewer	33	.150	.1503
385-523	36	.160	.1600
524-704	30	.169	.1532
705 or More	30	.153	.1363

Table 81

Percentage Distribution of Funding Sources Used to Pay Hospital Costs of Housestaff Stipends and Fringe Benefits, 1982-1983

Funding Source	Source of Revenue, in Percent	
	Residents	Clinical Fellows
Patient Revenues and General Operating Appropriations	69.90%	55.87%
State Appropriations Earmarked for Housestaff Expenses	5.27	0.92
Municipal Appropriations Earmarked for Housestaff Expenses	1.33	0.85
Veterans Administration Appropriations	17.19	13.18
Physician Fee Revenue	0.40	2.57
Medical School/ University Funds	1.61	6.18
NIH	0.29	8.12
Other Federal Agencies	0.17	0.90
Endowment Income	0.01	0.88
Foundation Grants, Voluntary Agencies	0.25	5.34
Other	3.58	5.20
TOTAL		
Number of Hospitals	279	143

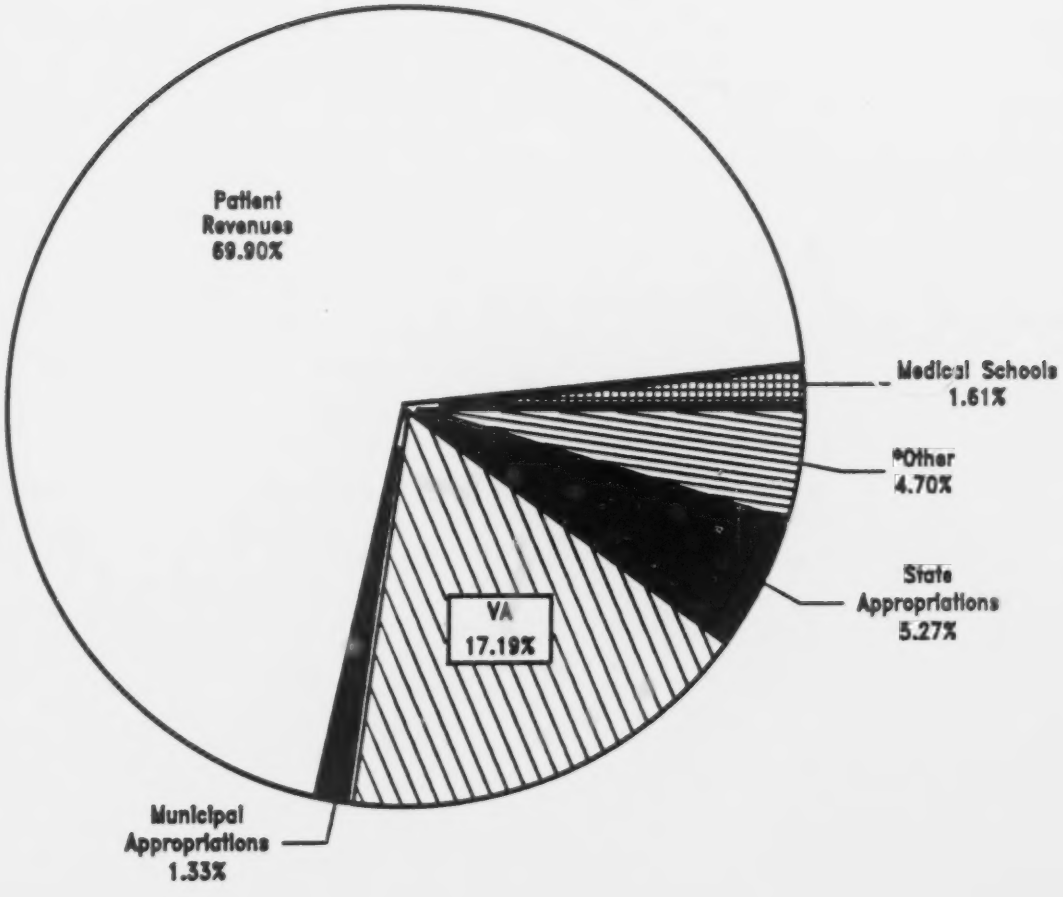
Table 82

Percentage Distribution of Funding Sources Used to Pay Hospital Costs of Housestaff Stipends and Fringe Benefits, 1982-1983 Excluding VA Hospitals

Funding Source	Source of Revenue, in Percent	
	Residents	Clinical Fellows
Patient Revenues and General Operating Appropriations	83.09%	62.56%
State Appropriations Earmarked for Housestaff Expenses	6.26	1.03
Municipal Appropriations Earmarked for Housestaff Expenses	1.58	0.95
Veterans Administration Appropriations	1.56	2.78
Physician Fee Revenue	0.47	2.87
Medical School/ University Funds	1.92	6.92
NIH	0.34	9.09
Other Federal Agencies	0.21	1.00
Endowment Income	0.01	0.99
Foundation Grants, Voluntary Agencies	0.30	5.98
Other	4.26	5.82
TOTAL	100.00%	100.00%
Number of Hospitals	215	121

FIGURE 4

Resident Stipends and Benefits Sources of Funding — Nationwide — 1983 — 1984



*Includes Physician Fee, NIH, Federal Agencies, Grants and Volunteers, and Endowments.

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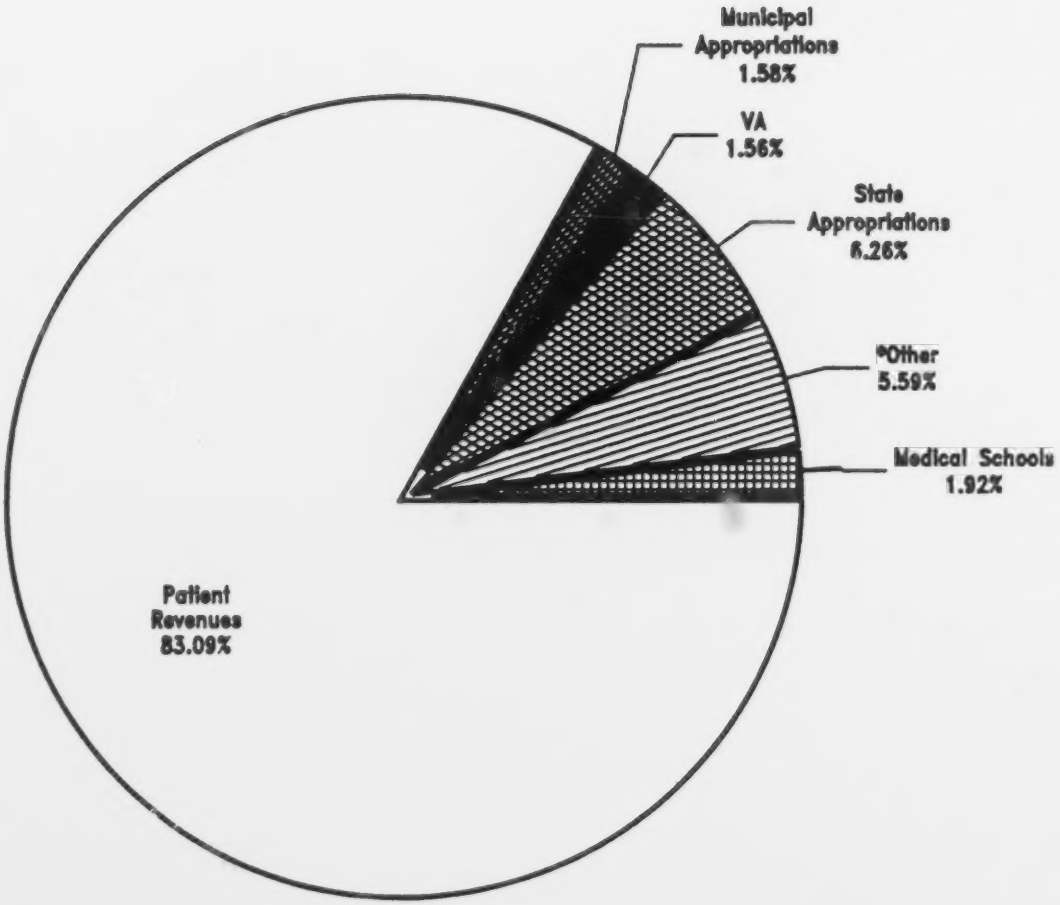
FIGURE 5

Resident Stipends and Benefits: Sources of Funding — Excluding VA — 1983 — 1984



*Includes Physician Fee, NIH, Federal Agencies, Grants and Volunteers, and Endowments

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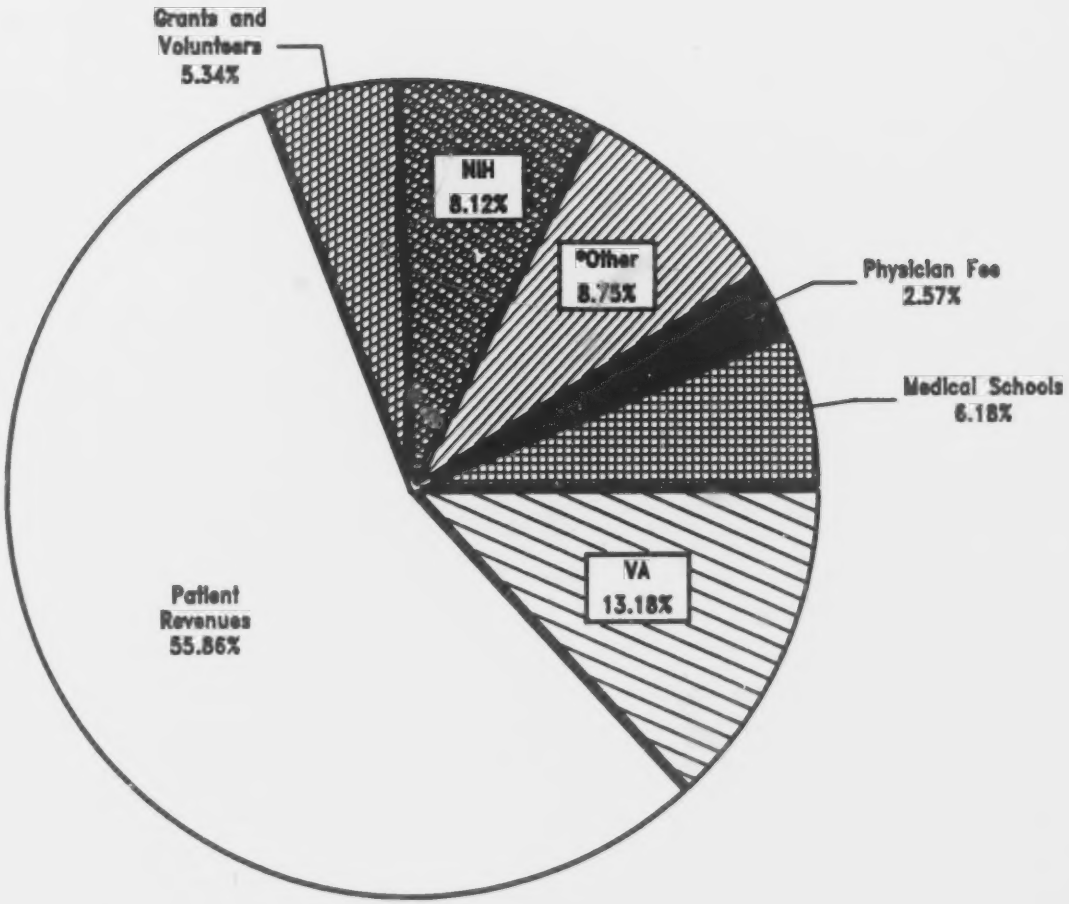
FIGURE 6

Clinical Fellows Stipends and Benefits Sources of Funding -- Nationwide - 1983 - 1984



*Includes State and Municipal Appropriations, Federal Agencies, and Endowments

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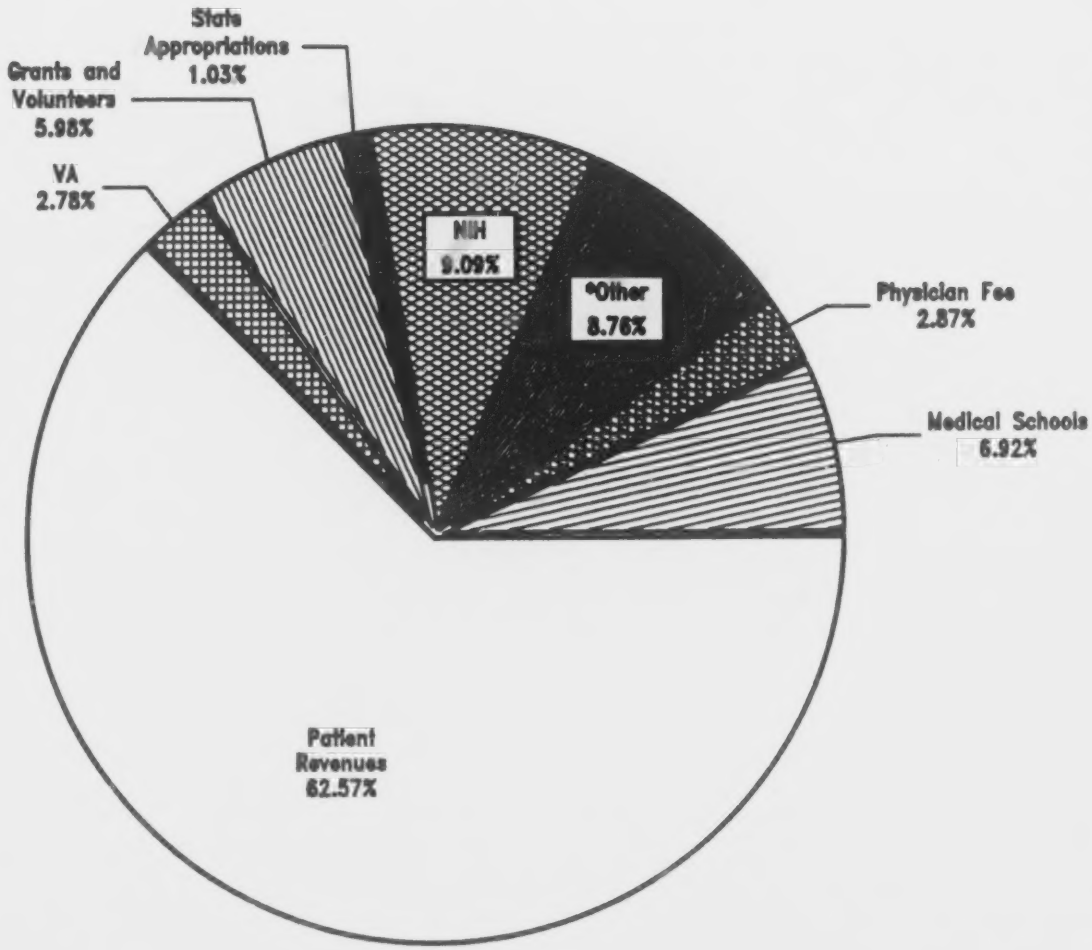
FIGURE 7

Clinical Fellows Stipends and Benefits: Sources of Funding — Excluding VA — 1983 – 1984



*Includes Endowments, Municipal Appropriations, and Federal Agencies

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Table 83

Percentage Distribution of Funding Sources Used to Pay Hospital Costs of Housestaff Stipends and Fringe Benefits, 1982-1983
UNIVERSITY OWNED (Excludes VA Hospitals)

Funding Source	Source of Revenue, in Percent	
	Residents	Clinical Fellows
Patient Revenues and General Operating Appropriations	66.00%	25.20%
State Appropriations Earmarked for Housestaff Expenses	13.20	3.47
Municipal Appropriations Earmarked for Housestaff Expenses	0.00	0.00
Veterans Administration Appropriations	4.58	9.82
Physician Fee Revenue	1.13	1.56
Medical School/ University Funds	4.86	20.31
NIH	0.32	14.63
Other Federal Agencies	0.47	1.52
Endowment Income	0.00	0.11
Foundation Grants, Voluntary Agencies	0.40	7.99
Other	9.05	15.39
TOTAL	100.00%	100.00%
Number of Hospitals	41	23

Table 84

Percentage Distribution of Funding Sources Used to Pay Hospital Costs of Housestaff Stipends and Fringe Benefits, 1982-1983
MAJOR AFFILIATE (Excludes VA Hospitals)

Funding Source	Source of Revenue, in Percent	
	Residents	Clinical Fellows
Patient Revenues and General Operating Appropriations	89.11%	82.65%
State Appropriations Earmarked for Housestaff Expenses	3.74	0.04
Municipal Appropriations Earmarked for Housestaff Expenses	2.57	1.70
Veterans Administration Appropriations	0.33	0.00
Physician Fee Revenue	0.21	3.58
Medical School/ University Funds	0.79	1.92
NIH	0.36	8.84
Other Federal Agencies	0.09	1.02
Endowment Income	0.01	1.71
Foundation Grants, Voluntary Agencies	0.20	6.55
Other	2.59	2.46
TOTAL	100.00%	100.00%
Number of Hospitals	141	76

Table 85

Percentage Distribution of Funding Sources Used to Pay Hospital Costs of Housestaff Stipends and Fringe Benefits, 1982-1983
LIMITED & UNAFFILIATED (Excludes VA Hospitals)

Funding Source	Source of Revenue, in Percent	
	Residents	Clinical Fellows
Patient Revenues and General Operating Appropriations	97.89%	93.08%
State Appropriations Earmarked for Housestaff Expenses	0.81	0.22
Municipal Appropriations Earmarked for Housestaff Expenses	0.00	0.00
Veterans Administration Appropriations	0.13	0.00
Physician Fee Revenue	0.12	4.32
Medical School/ University Funds	0.00	1.02
NIH	0.29	0.00
Other Federal Agencies	0.17	0.00
Endowment Income	0.00	0.00
Foundation Grants, Voluntary Agencies	0.59	0.50
Other	0.00	0.86
TOTAL	100.00%	100.00%
Number of Hospitals	33	22

Table 86

Percentage Distribution of Funding Sources Used to Pay Hospital Costs of Housestaff Stipends and Fringe Benefits, 1982-1983
STATE-OWNED

Funding Source	Source of Revenue, in Percent	
	Residents	Clinical Fellows
Patient Revenues and General Operating Appropriations	54.43%	18.86%
State Appropriations Earmarked for Housestaff Expenses	22.93	4.01
Municipal Appropriations Earmarked for Housestaff Expenses	0.00	0.00
Veterans Administration Appropriations	5.18	11.59
Physician Fee Revenue	0.93	1.00
Medical School/ University Funds	6.50	21.98
NIH	0.38	18.88
Other Federal Agencies	0.61	1.89
Endowment Income	0.00	0.15
Foundation Grants, Voluntary Agencies	0.38	9.05
Other	8.65	12.61
TOTAL	100.00%	100.00%
Number of Hospitals	30	17

Table 87

Percentage Distribution of Funding Sources Used to Pay Hospital Costs of Housestaff Stipends and Fringe Benefits, 1982-1983
MUNICIPALLY-OWNED

Funding Source	Source of Revenue, in Percent	
	Residents	Clinical Fellows
Patient Revenues and General Operating Appropriations	79.10%	82.08%
State Appropriations Earmarked for Housestaff Expenses	2.79	0.00
Municipal Appropriations Earmarked for Housestaff Expenses	7.82	9.82
Veterans Administration Appropriations	0.00	0.00
Physician Fee Revenue	0.48	0.00
Medical School/ University Funds	1.28	2.24
NIH	0.39	0.00
Other Federal Agencies	0.00	1.35
Endowment Income	0.00	0.00
Foundation Grants, Voluntary Agencies	0.41	1.13
Other	7.73	0.83
TOTAL	100.00%	100.00%
Number of Hospitals	21	10

Table 88

Percentage Distribution of Funding Sources Used to Pay Hospital Costs of Housestaff Stipends and Fringe Benefits, 1982-1983
CHURCH-OWNED

Funding Source	Source of Revenue, in Percent	
	Residents	Clinical Fellows
Patient Revenues and General Operating Appropriations	95.16%	92.46%
State Appropriations Earmarked for Housestaff Expenses	2.95	0.37
Municipal Appropriations Earmarked for Housestaff Expenses	0.00	0.00
Veterans Administration Appropriations	0.00	0.00
Physician Fee Revenue	0.00	0.00
Medical School/ University Funds	0.68	0.00
NIH	0.12	0.00
Other Federal Agencies	0.08	0.00
Endowment Income	0.00	0.00
Foundation Grants, Voluntary Agencies	0.05	1.06
Other	0.96	6.10
TOTAL	100.00%	100.00%
Number of Hospitals	32	18

Table 89

Percentage Distribution of Funding Sources Used to Pay Hospital Costs of Housestaff Stipends and Fringe Benefits, 1982-1983
OTHER, NONPROFIT

Funding Source	Source of Revenue, in Percent	
	Residents	Clinical Fellows
Patient Revenues and General Operating Appropriations	93.45%	70.89%
State Appropriations Earmarked for Housestaff Expenses	0.91	0.28
Municipal Appropriations Earmarked for Housestaff Expenses	0.96	0.08
Veterans Administration Appropriations	0.81	0.59
Physician Fee Revenue	0.39	4.12
Medical School/ University Funds	0.44	3.36
NIH	0.36	8.02
Other Federal Agencies	0.12	0.76
Endowment Income	0.02	1.48
Foundation Grants, Voluntary Agencies	0.29	6.10
Other	2.26	4.31
TOTAL	100.00%	100.00%
Number of Hospitals	132	76

Appendix A

COTH SURVEY OF HOUSESTAFF STIPENDS, BENEFITS, AND FUNDING

April, 1983

Name of Hospital_____

City/State_____

Membership Code #_____

A. Housestaff Funding

	1983-84	1982-83
1. What is the cash stipend per year? 1st Post-MD Year	$_____	$_____
2nd Post-MD Year	$_____	$_____
Are 1983-84 stipends estimated? YES_____ 3rd Post-MD Year	$_____	$_____
NO _____ 4th Post-MD Year	$_____	$_____
5th Post-MD Year	$_____	$_____
6th Post-MD Year	$_____	$_____

2. Is the cash stipend the same across all specialties? YES_____ NO_____
If no, which specialties have stipends that are higher or lower than the figures reported above?_____

3. What entity writes the stipend checks for the residents?

a. hospital	_____	e. local government	_____
b. medical school	_____	f. V.A.	_____
c. university	_____	g. Other (specify)	_____
d. state government	_____		_____

4. How many full-time-equivalent (f.t.e.) residents and fellows does the hospital have? a. residents_____ b. fellows_____

5. What sources are used to pay the costs of the 1982-83 stipends and fringe benefits for housestaff at your hospital?

	Interns/Residents	Clinical Fellows
a. Patient revenues and general operating appropriations for the hospital	$_____	$_____
b. State appropriations earmarked for housestaff expenses	$_____	$_____
c. Municipal appropriations earmarked for housestaff expenses	$_____	$_____
d. Veterans Administration appropriations	$_____	$_____
e. Physician fee revenue	$_____	$_____
f. Medical school/university funds	$_____	$_____
g. NIH	$_____	$_____
h. Other federal agencies	$_____	$_____
i. Endowment income	$_____	$_____
j. Foundation grants/voluntary agencies	$_____	$_____
k. Other (specify)_____	$_____	$_____
l. Other (specify)_____	$_____	$_____
M. TOTAL	$_____	$_____

6. Based on the amount enumerated in question 5 above, what is the estimated total dollars to be spent on stipends and fringe benefits for housestaff in your hospital in 1982-83?

	Interns/Residents	Clinical Fellows
a. Stipends	$_____	$_____
b. Fringe Benefits (including FICA and other insurance)	$_____	$_____
c. TOTAL (should be the same as 5(M) above)	$_____	$_____

7. What percentage of the hospital's total operating budget is spent for housestaff stipends and benefits?
Interns/Residents_____%
Clinical Fellows_____%

B. Housestaff Benefits

8. What percentage of the costs for health insurance premiums does your hospital contribute?
Housestaff_____%
Dependents_____%

Check those health benefits covered:	Housestaff	Dependents
a. Hospitalization including inpatient physician services	_____	_____
b. Major medical including at least a portion of outpatient services	_____	_____
c. Dental services	_____	_____
d. Prescription drugs	_____	_____
e. Hospital employee health services program	_____	_____

9. Please check below to indicate whether the following benefits are provided to 1st year house officers.

	Hospital Provides at No Cost	Hospital Provides at Reduced Rate	Hospital Does Not Provide
a. Life Insurance (Face Value = $_____)			
b. Disability Insurance (Length of coverage = _____)			
c. Parking			
d. Housing			
e. Meals (1) when working			
(2) only when on call			

10. Are any of the benefits in question 9 increased for 2nd year housestaff? YES_____ NO_____

11. Does your hospital offer psychiatric counseling or psychosocial support at no cost to housestaff? YES_____ NO_____

12. a. How many weeks do house officers receive as vacation during a year?

(1) 1st year house officers: _____weeks
(2) 2nd year house officers: _____weeks

b. Do house officers receive additional time for attending seminars? YES_____ NO_____
If yes, how much time is allowed?_____

13. a. Does your hospital set forth specific rules for residents' practice opportunities outside the hospital (moonlighting)? YES_____ NO_____
b. If yes, please attach a copy of the specific rule.

C. Minority Placements

14. How many of the house officers at your hospital belong to these minorities?

	Black American		American Indian		Mexican American		Mainland Puerto Rico	
	1st Yr.	Total	1st Yr.	Total	1st Yr.	Total	1st Year	Total
Family Practice								
Medical Specialties								
Surgical Specialties								
Other Specialties								

15. a. Does your hospital participate in the National Resident Matching Program (NRMP)? YES_____ NO_____
b. If yes, how many of your eligible residency positions were offered in last year's match? (1) number of eligible positions _____
(2) number offered _____

D. Other Issues

16. What actions has the hospital taken to encourage cost conscious behavior by residents?
Please describe any seminars, written materials, or other relevant educational activities._____

If written materials from these activities are available, please forward copies to the Department of Teaching Hospitals.

17. Recently, there has been a great deal of interest in the cost of graduate medical education, and the AAMC has received a number of requests for information. Have you or anyone in your hospital attempted to assess these costs for your institution? YES_____ NO_____

Please send us a copy of any studies or data you have as a result of your assessment.

THANK YOU.

18. Person to contact for questions about this questionnaire:_____

Area Code and Telephone Number:_____

Please complete and return by June 3, 1983 to:
Ms. Andrea McCusker
Department of Teaching Hospitals, Association of American Medical Colleges
One Dupont Circle, N.W. • Suite #200 • Washington, D.C. 20036

Appendix B: Response Rates for 1983 Survey of Housestaff Stipends, Benefits, and Funding

Hospital Category	Number of Responding Hospitals	Number of COTH Members	Response Rate
Total Membership	315	436	72%
Geographic Region			
Northeastern	126	171	74
Southern	60	82	73
Midwestern	88	115	77
Western	41	54	76
Affiliation Relationship			
University-Owned	46	69	67
Major Affiliate	228	297	77
Limited Affiliate	41*	56**	73
Hospital Ownership			
State-Owned	32	47	68
Municipally-Owned	22	37	59
Church-Owned	34	47	72
Other, Non-Profit	158	210	75
Veterans Administration	68	73	93
Hospital Bed Size			
384 or Fewer	79	102	77
385 - 523	86	111	77
524 - 704	72	98	73
705 or More	78	111	70

* Includes five unaffiliated hospitals
** Includes seven unaffiliated hospitals.

Appendix C: Dollar and Percentage Increases in Mean Housestaff Stipends: 1969-1984

Academic Calendar Year	Mean 1st Post-MD Yr Stipend	Dollar Increase Over Previous Year	Percentage Increase Over Previous Year
1969-70	$ 7,325		
1970-71	8,115	$ 790	10.8%
1971-72	9,198	1,083	13.3
1972-73	9,698	500	5.4
1973-74	10,114	416	4.3
1974-75	10,692	578	5.7
1975-76	11,685	993	9.2
1976-77	12,371	686	5.9
1977-78	13,145	774	6.3
1978-79	13,904	759	5.8
1979-80	14,811	907	6.5
1980-81	16,017	1,206	8.1
1981-82	17,301	1,284	8.0
1982-83	18,910	1,609	9.3
1983-84	19,868	958	5.1

Appendix D

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Appendix E

Ratios of Post-Graduate Trainees to Beds

Resident-to-Bed Ratio

	Median Ratio
Nationwide (N=300)	.178
Geographic Region	
Northeastern (N=118)	.197
Southern (N=60)	.168
Midwestern (N=84)	.170
Western (N=38)	.236
Affiliation Relationship	
University-Owned (N=44)	.518
Major Affiliate (N=219)	.170
Limited Affiliate (N=5)	.163
Hospital Ownership	
State-Owned (N=31)	.478
Municipally-Owned (N=22)	.300
Church-Owned (N=34)	.120
Other, Nonprofit (N=266)	.197
Veterans Administration (N=66)	.122
Hospital Bed Size	
384 or Fewer (N=77)	.241
385-523 (N=82)	.175
524-704 (N=64)	.169
705 or More (N=77)	.166

Post M.D. Trainee-to-Bed Ratio (Includes Fellows)

	Median Ratio
Nationwide (N=191)	.219
Geographic Region	
Northeastern (N=86)	.220
Southern (N=32)	.230
Midwestern (N=53)	.183
Western (N=20)	.234
Affiliation Relationship	
University-Owned (N=31)	.652
Major Affiliate (N=133)	.197
Limited Affiliate (N=5)	.165
Hospital Ownership	
State-Owned (N=22)	.618
Municipally-Owned (N=12)	.318
Church-Owned (N=24)	.133
Other, Nonprofit (N=105)	.234
Veterans Administration (N=27)	.165
Hospital Bed Size	
384 or Fewer (N=47)	.256
385-523 (N=60)	.205
524-704 (N=43)	.195
705 or More (N=41)	.231

Appendix F

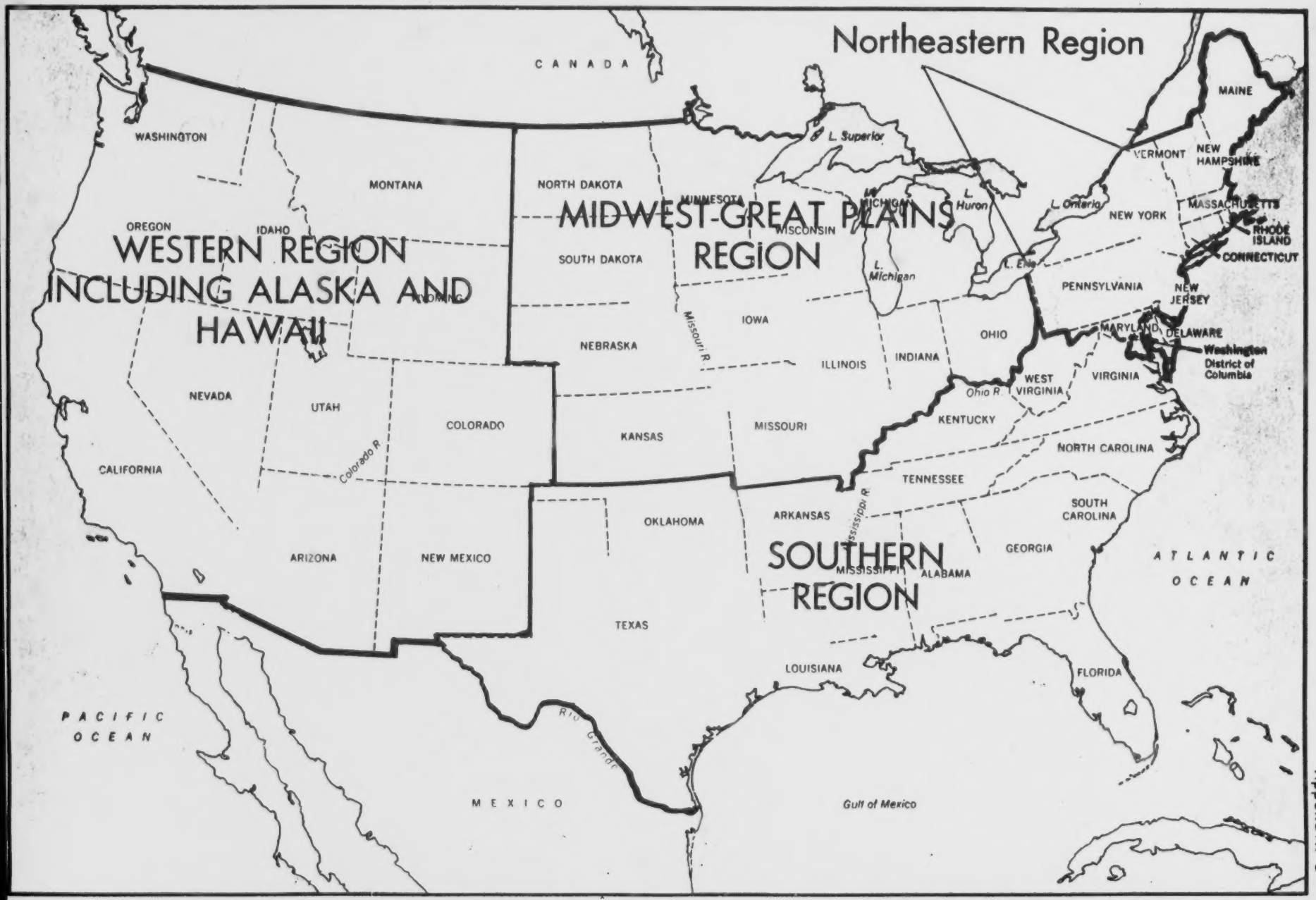
Proportion of Post-Graduate Trainees Who Are Minorities

Minorities as a Proportion of Total Residents

	Number of Hospitals	Mean	Median
Nationwide	212	4.57%	2.67%
Geographic Region			
Northeastern	88	4.05	2.40
Southern	38	3.74	2.74
Midwestern	64	5.02	2.74
Western	22	6.82	4.08
Affiliation Relationship			
University-Owned	31	3.54	2.67
Major Affiliate	153	4.84	2.70
Limited Affiliate	25	4.65	2.29
Hospital Ownership			
State-Owned	22	3.46	1.92
Municipally-Owned	15	6.53	3.95
Church-Owned	29	3.62	2.74
Other, Nonprofit	114	4.99	2.70
Veteran Administration	32	4.67	1.45
Hospital Bed Size			
384 or Fewer	51	5.56	3.03
385-523	62	4.81	1.98
524-704	51	4.32	2.95
705 or More	48	3.49	2.31

Minorities as a Proportion of Total Residents and Fellows

	Number of Hospitals	Mean	Median
Nationwide	212	2.88%	1.47%
Geographic Region			
Northeastern	88	3.62	2.08
Southern	38	3.43	2.29
Midwestern	64	4.56	2.35
Western	22	5.87	3.64
Affiliation Relationship			
University-Owned	31	3.08	2.29
Major Affiliate	153	4.39	2.22
Limited Affiliate	25	4.04	2.21
Hospital Ownership			
State-Owned	22	3.04	1.76
Municipally-Owned	15	6.23	3.70
Church-Owned	29	3.36	2.50
Other, Nonprofit	114	4.43	2.22
Veteran Administration	32	4.17	1.37
Hospital Bed Size			
384 or Fewer	51	4.84	2.86
385-523	62	4.24	1.79
524-704	51	4.04	2.61
705 or More	48	3.21	2.07



Appendix G

BEST AVAILABLE COPY